

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

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**Consultation
on P switch for
EHC goes out**

*Future of patient
packs put in doubt
in generics debate*

*CPAG prepares for
final countdown to
the RPM hearing*

*Boots to roll out 44
dental practices*

*Duran opens second
Drive-Thru pharmacy*



*Getting the picture
in the photo market*

Recommend Piriton for all the family's allergies.

Allergy is on the increase. Some estimates suggest that soon half the population will suffer from an allergic reaction of some sort. And allergy means more than just hayfever.

Common allergies include reactions to house dust mites and pet fur as well as allergic skin reactions to cosmetics, perfumes, etc and to insect bites.

In these cases the symptoms are generally pruritus (itching) and erythema (redness). Thankfully, in almost all cases of allergic reaction, Piriton, being an antihistamine, can help.



Histamine is responsible for many of the unpleasant symptoms of allergy. Itching and redness in the eyes, nose and skin, and constriction of the airways as a result of swelling and inflammation of the lining of the nasal cavities and lungs are all attributable to histamine production.

Other local effects of histamine include watering of the eyes and hypersecretion of mucus in the nose and lungs.

The antihistamine in Piriton is chlor-

pheniramine, a traditional antihistamine effective in treating hayfever, perennial rhinitis, allergic eczema (dermatitis) and urticaria.

And Piriton delivers relief fast—usually within half an hour.



Having been prescribed for over 40 years Piriton has a long history of use, with a well established safety profile. The most well known potential side effect of antihistamines is drowsiness, with even some of the newer antihistamines advising consumers not to drive or operate machinery if affected.

If using an antihistamine for the first time, it's worth recommending to consumers that they check for this side effect. Often tolerance to the sedative effect develops within a week or so.¹



Unlike many antihistamines, Piriton offers relief for the whole family—it's one of the few antihistamines available OTC to children as young as 12 months. In syrup form it can be used to relieve the symptoms of common childhood conditions such as allergic eczema and chickenpox.

The Piriton range comprises Piriton Syrup,



which is suitable for adults and children aged 1 year and over, and Piriton Allergy Tablets which are suitable for adults and children from 6 years onwards.

Recommend it for fast, effective relief of all antihistamine responsive allergic reactions.

PIRITON

Contains chlorpheniramine

References 1. Nuovo J, et al. J. Am. Board Fam Pract. 1992; 5 (2): 137-141. **Product Information:** Piriton Tablets and Piriton Allergy Tablets containing 4mg chlorpheniramine maleate. Piriton Syrup containing 4mg chlorpheniramine maleate in 10ml. **Uses:** Symptomatic relief of allergic conditions including hayfever. **Dosage and administration:** Tablets. Adults: 1 tablet. Every 4-6 hours. Children aged 6-12 years: ½ tablet. Every 4-6 hours. Syrup: Adults: 10ml. Every 4-6 hours. Children aged 6-12 years: 5ml. Every 4-6 hours. Aged 2-5 years: 2.5ml. Every 4-6 hours. Aged 1-2 years: 2.5ml, twice daily. **Contraindications:** Hypersensitivity. Concurrent or recent treatment with MAOIs. **Precautions:** May increase effects of alcohol. May effect ability to drive and use machinery. **Co-existing conditions:** Use with caution in prostate, respiratory, liver, cardiovascular and thyroid disease; epilepsy; glaucoma and other eye conditions. Syrup contains sugar, use with caution in diabetes. Maintain good dental hygiene. **Pregnancy and lactation:** Consult doctor before use. **Side effects:** Sedation. Less commonly gastrointestinal disturbances, blurred vision, headaches, urinary retention, dry mouth, muscular incoordination, jaundice, cardiovascular disturbances, chest tightness, dizziness, blood dyscrasias, allergic reactions and tinnitus. Children and the elderly are more prone to the neurological anticholinergic effects and rarely may become confused or excitable. **Retail selling price:** Piriton Allergy Tablets 30: £2.85; Piriton Syrup 150ml £3.79. **Legal category:** P. **Product licence numbers:** 0036/0090 (Piriton Tablets). 0036/0088 (Piriton Syrup). 0036/0091 (Piriton Allergy Tablets). **Product licence holder:** Stafford-Miller Limited, Welwyn Garden City, AL7 3SP. **Date of preparation:** March 2000. DO 4166.

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COMMENT

Twelve months from now, you may wonder what all the fuss was about over emergency hormonal contraception. Levonorgestrel will be available as a P medicine, pharmacists will have been trained in supplying it and the public will be accessing the treatment in an 'appropriate' manner. Adverse publicity about teenage sex, abortions, and sexual promiscuity will have subsided. Who knows, pharmacists may even feel relaxed enough to write a WWHAM protocol for their counter staff to supply EHC. At government level, the profession seems to have won the political argument. But pharmacists will still have to win the confidence of the public and other health professionals. Pharmacists will have to show that they are quite capable of supplying any P medicine which the Committee on Safety of Medicines deems safe enough to be made available without prescription. If pharmacists are now presented with something the majority have been asking for but make a hash of it, in what state will the profession's future lie?

In the past, pharmacists have welcomed and coped successfully with POM to P switches. But EHC, with its emotive issues, will prove how well pharmacists can adapt their professional discretion. How will you deal with a request from a man for EHC? Are you comfortable discussing sexually transmitted diseases? What do you say to the woman who wants to use EHC on a regular basis? How will you deal with girls who appear very young? Many are concerned that making EHC a 'P' medicine might jeopardise pharmacist prescribing. This need not be so. Prescribing pilots exist and have been shown to work. Manchester and south London are now testing the waters with EHC. There is no reason why EHC should not be the product that allows a national roll out of pharmacist prescribing. That is, if you, the pharmacist, are up to it.

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Boots Dentalcare is investing £20 million to open
the practices in its current financial year



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Serious concerns over delay in Welsh pricing clarification

The Welsh Central Pharmaceutical Committee is concerned that there is still no official proposal from the Welsh Assembly on how the prescription pricing backlog might be resolved.

The WCPC has had several meetings with the Assembly's officials in an attempt to find a solution acceptable to both sides. Discussion is focussing on a proposal to sample 10 per cent of contractors' prescriptions in place of full pricing. Health authorities would be asked to adjust the sample price to avoid underpayments.

The WCPC last week asked the negotiating team to convey contractors' serious concerns to the Assembly, highlighting the fact that delays in coming up with an official proposal were increasing the numbers of contractors who would need full pricing.

Papers before the Assembly last week said the Welsh prescription pricing office had started pricing on a sample basis, and in full, with the aim of reaching agreement on fair and affordable payments based on sampling.

Key debate enters consultation

The Medicines Control Agency has issued the consultation letter on reclassifying emergency hormonal contraception to pharmacy medicine status.

MLX 263 seeks to let pharmacists sell or supply EHC containing levonorgestrel 0.75mg without a prescription to women aged at least 16. The letter adds: "The change from Prescription-only to Pharmacy status would be supported by additional guidance developed by a multi-disciplinary working group established by the Royal Pharmaceutical Society, and would also inform the production of training produced for pharmacists."

Supporting the move, the Committee on Safety of Medicines (CSM) says the product may be safely supplied through pharmacies as "all the steps required to safely supply EHC could be successfully implemented in a pharmacy". This includes providing advice and referring patients to doctors' clinics.

The CSM has also recommended that women taking other medicines, with the potential for interaction should be referred. Women obtaining EHC from a pharmacy should also be encouraged to see a doctor for follow-

CA says too many untested drugs used on children

The Consumers' Association has taken pharmaceutical companies to task for not researching the effects of certain medicines on children. The industry responded by saying a new licensing system should be agreed in November.

Few companies replied to a letter from the CA's director asking about their policies on testing drugs' suitability for children. The association is concerned that 40 per cent of drugs used in paediatric medicine are not licensed for that purpose; and that 65 per cent of drugs used to treat newborn babies in hospital are unlicensed or licensed only for adults.

"Any medicine prescribed to children must be rigorously tested and licensed for such use," says the CA, which has called on the government to strengthen the UK regulatory system and will be arguing the case at European level.

Clara Mackay, the CA's senior policy adviser, said children were "being denied the same rights as adults in the provision of properly tested drugs. The reluctance of most companies to take up an opportunity to outline their policy in this area is worrying."

Dr Trevor Jones, director general of the Association of the British

Pharmaceutical Industry, believes there is no quick or easy solution: "There are practical and ethical issues involved in testing medicines, particularly where infants may be involved. It is simply unethical to carry out experimental studies on babies unless we are convinced that it is safe to do so."

A system of licensing medicines for five specific age groups should be agreed internationally in November, he added. Paediatric units are being set up in the UK for clinical trials on children, and pharmaceutical companies have agreed to fund the training of the first specialist registrars in paediatric clinical pharmacology.

Companies who did outline their licensing policies to the CA were Merck Sharpe & Dohme, Norgine, Bristol-Myers-Squibb Pharmaceuticals, William Ransom and Schering-Plough.

Schering-Plough suggested that one way of increasing the number of licensed treatments for children would be to increase the patent life of a medicine granted a paediatric licence, in recognition of the company's additional investment.

Norgine agreed that the only effective means of ensuring more licensed medicines for children was to make it



financially attractive for companies.

"In the UK one could encourage paediatric licence applications by saying that, from January 1, 2002, the sales of all new products licensed for paediatric use will be exempt from inclusion in a company's PPRS calculations."

A better scheme would be one that could be applied internationally - and it should involve five to ten years' exclusivity. Another incentive would be the positive publicity received by companies who developed medicines for children.

Bristol-Myers-Squibb Pharmaceuticals emphasised that it was often difficult to obtain parental consent for trials involving children. It had taken "considerable skill and ingenuity" to enrol the number required for a paediatric study of metformin, the company said.

Ban on herbs similar to Aristolochia

The import, sale and supply of unlicensed medicines containing plants that might be confused with Aristolochia will be banned from June 16.

Use of Aristolochia in unlicensed medicines has been banned since July 1999, following two cases of renal failure when the herb was mistakenly included in traditional Chinese remedies. The Medicines Control Agency found traces of Aristolochia in products containing similar ingredients.

The ban covers products containing Stephania, two species of Clematis, two species of Akebia, and three species of Cocculus. It includes Mu Tong and Fangji, collective names used in Chinese medicine to describe Aristolochia and species covered under the new ban.

Health minister Lord Philip Hunt has asked the Committee on Safety of Medicines if it might be possible to modify the ban once reliable quality systems were in place.

The UK is taking part in EU discussions about the possible creation of a regulated category of Chinese, and other ethnic unlicensed medicines, to ensure safety, while maintaining consumer choice. Representatives of these sectors are discussing voluntary measures with the MCA.

up advice, with "suitable information" included in the patient information leaflet.

Schering markets levonorgestrel 0.75mg as Levonelle 2 in the UK, but at a meeting on EHC at the Pharmacy Law and Ethics Association last Thursday (see p38), product manager Chris Miller said France is the only European country with OTC emergency contraception. However, this had happened "almost overnight", so the UK could be in a much stronger position to lead the way in Europe after a full consultation.

"This is accelerating the debate," he said, "but it's not a done deal that it is going to happen." In assessing medicine safety, the Committee on Safety of Medicines also has to consider the probability of harm if a product is misused, he added.

At the same meeting, Margot Brazier, professor of law at Manchester University, called for more dialogue between those who support contraception and those in the pro-life camp. "It's very important to generate a greater degree of mutual respect for each other's positions. Engage them in the debate," she said, and added: "EHC could put the skids under the pharma-

cy profession if it is not handled properly."

On Tuesday, the RPSGB repeated that it wants to see measures in place to ensure that EHC is available free from community pharmacies to women who cannot afford it.

Acknowledging that it is not possible to estimate the number of unwanted pregnancies EHC use has prevented, the MCA suggests the number of "therapeutic abortions" would fall from the current 190,000 annually.

However, the British Pregnancy Advisory Service commented on the MLX: "This is a tremendous step forward. It puts to bed allegations that it would be medically unsafe for pharmacists to sell EHC without a prescription. Many of the women who attend BPAS abortion clinics would have used emergency contraception had they been able to get it more easily."

Comments on MLX 263 should be sent, by June 29, to Martin Bagwell, room 1413, MCA, Market Towers, 1 Nine Elms Lane, London SW8 5NQ.

• The Proprietary Association of Great Britain is understood to be consulting with advertising regulatory bodies on how EHC products can be advertised.

Patient packs on the way out?

Patient packs could be dropped following a clear signal in the Commons by health minister Gisela Stuart that they were not working.

Responding to a debate on the Government's price clamp on generic drugs, Ms Stuart made it clear the Government was complying with the EU directive on labelling and drugs information to the patient. "The directive requires the provision of a patient leaflet and also the provision of certain information on the label. That cannot be equated with a patient pack. We are complying with the directive," she said.

"The last Government thought patient packs were the way forward, but the present Government gave no indication to the industry that we would pursue that."

She denied it was a U-turn, but Labour MPs emerged from the debate convinced that the requirement for patient packs will be dropped. The Labour MP for Dartford, GP Howard Stoate, said the generic price hike had hit the Prescription Pricing Authority with knock-on effects for practices, making it impossible to budget properly. His practice had received its PACT statement for December over four months late.

"It is impossible for a GP practice or PCP to budget properly for their drug costs if they are only now receiving statements relating to last December."

Ms Stuart stood by the Government's decision to impose a price-ceiling on listed generic drugs to bring down the cost to the NHS. She

£5,000 research prize stimulates joint practice

A £5,000 research grant is available to fund a project on evidence-based pharmacy practice done jointly in hospital and community pharmacy.

For the second year, the Guild of Healthcare Pharmacists, the National Pharmaceutical Association and Merck Sharp & Dohme have come together to offer the award. It is open to all pharmacists, but must reflect joint working between the two sectors of pharmacy.

The closing date for applications is September 18, with the award announced at a symposium in London on November 3. Entry forms and further details will appear in the NPA's pink *Supplement* and *GHP Journal* in June. Forms are available on the internet at www.npa.co.uk and www.ghp.org.uk. Joint award resource packs are also available from MSD on 01992 452183.

said that the rise in generic costs could add £200 million to the NHS drugs bill - but offered no further cash aid to PCGs beyond the £90m already allocated for extra costs.

Sandra Gidley, the pharmacist recently elected as Liberal Democrat MP for Romsey, described the introduction of patient packs as a "complete fiasco". There had been no standardisation on the pack size and no move to encourage GPs to prescribe according to the size of pack, she said. "The resulting mess leads to confusion for the patient and has an impact on the pharmacist, who has to cope with the extra volume of stock."

She also warned that the pharmacist should not have to be penalised for the time delay in price-setting. "In the past, there has been a time-lag between pharmacies' having to pay increased costs for drugs, and that fact being recognised [in the Drug Tariff] and their remuneration coming through,"

she said. "In the past, the tariff system has worked against the financial interests of pharmacists. A system that responded more quickly would be in the interests of all concerned."

Peter Bradley, MP for the Wrekin was critical of "cynical and organised profiteering by some sections of the pharmaceutical industry". He said there was overwhelming circumstantial evidence that the generics market was rigged with "stockpiling and hoarding among wholesalers and pharmacies", at a cost to the NHS of £250 million.

But Michael Watts of the British Association of Pharmaceutical Wholesalers said stock levels had been the same for three years. For two and a half years the system had worked perfectly - and to the Department of Health's advantage; it was only now with the recent problems that it was looking for a scapegoat. "We are the victims," he insisted.

Scots prepare to roll out advice line

Formal consultation has started on a Scottish equivalent of NHS Direct.

The 24-hour health advice line, operated by nurses, will advise callers on the most appropriate action to take. The service will be introduced later this year.

Scotland's health minister Susan Deacon said the advice line will build on the experience of NHS Direct but will reflect the particular needs of Scotland: "GPs, nurses, social workers and the ambulance service will all

have an important part to play in translating our vision into practical reality."

The Scottish Pharmaceutical Federation is discussing pharmacists' possible contribution with the Scottish Executive and other health professionals.

• The Department of Health is allocating £5 million to pilot digital television projects enabling patients to have easier access to health advice at home. The projects should start by the end of the year.

Roadshow bears all to health minister

The junior health Minister was in colourful company when she launched the National Pharmaceutical Association's 'Ask your pharmacist' roadshow on Monday.

After cutting through the sealed entrance to the 12m trailer, Gisela Stuart left Brad the Cure Bear, Dr Dosum, Nurse Openwide and Marjorie the Leech to entice the public into an exhibition on pharmacy through the ages.

During a six-week tour of 28 UK venues, Brad Bear will promote medicine safety messages to children. Marjorie the hedge witch will demonstrate herbs used by pharmacists in years gone by, while the other characters appear in a 'Wild West medicine show', singing 'remember your pharmacist when you're feeling ill'.

Gisela Stuart, who offered to attend the closing day of the roadshow, said the innovative event would help the public appreciate the wealth of expertise and health advice available at local pharmacies.

Pharmacy leaders invited to private Whitehall talks

Senior figures from community pharmacy were due to meet with government officials on Friday to discuss pharmacy's place in modernising the NHS.

Health minister Lord Hunt, who has pharmacy within his portfolio, had specifically asked to have a meeting with pharmacy representatives as part of the consultation on the NHS National Plan.

A Department of Health spokesman commented this week: "It's an opportunity to update key people in the world of pharmacy about the national plan, the modernisation action teams - and for them to have their say."

Lord Hunt's letter of invitation comments: "It has long been acknowledged that there is great potential for pharmacy and pharmacists to contribute more fully to the NHS." The meeting will be held under 'Chatham House rules' - unreported, in other words - "to ensure that we can have a free and frank exchange of views".

The DoH official said the community pharmacy strategy was "still on". It would not be the main part of the meeting, but was likely to be discussed.

IN BRIEF

Category D update

PSNC has issued the following additions to Category D of the Drug Tariff: Amitriptyline tablets BP 25mg 28s; Larmetazepam tabs BP 500mcg 28s and 30s; Spiranalactane tabs BP 25mg 28s; sucralfate tabs 1g 112s; Verapamil tabs BP 160mg 100s. The change for verapamil will only be implemented for prescribers dispensed in May. The 100 pack will be deleted in the June drug Tariff and a 56 pack will be added to Category A.

CPP trains the trainers

A College of Pharmacy Practice study day, 'Training the trainers', will take place at Boots' headquarters in Nottingham on June 1, in association with Lloydspharmacy and Boots. The interactive course is designed for pharmacists and technicians. Further details are available from the CPP on 024 7669 2400.

String of pearls success

This month, over 550 visitors have joined guided tours of the Royal Pharmaceutical Society's museum as part of London's 'String of pearls millennium festival'. On Wednesday, 180 people attended an evening lecture by medical historian Prof Ray Porter on how cartanists have lamaed the medical professions.



Gisela Stuart with NPA director John D'Arcy (left) and chairman Ben Zatland inside the roadshow trailer

The roadshow trailer has an 'Ask your pharmacist' consultation area and posters on what pharmacists can offer.

There will be a daily prize draw for 20 copies of *The Reader's Digest Guide to Vitamins, Minerals and Supplements*, and visitors to the trailer in England can take a free NHS Direct Healthcare Guide using coupons in June issues of women's and health magazines.

PSNI goes ahead with web site

The Pharmaceutical Society of Northern Ireland is to go ahead with its web site immediately, after raising half its £10,000 development cost.

At the PSNI Council meeting on April 20, Joe Gault described an income generating scheme in which community pharmacists would be able to purchase areas on the site to display their practice leaflets. The president, Prof James McElroy, suggested that development could start with the existing £5,000, with income generation making up the deficit.

There was a discussion on sources of industrial sponsorship and Council agreed to make a decision at its May meeting on whether PSNI should fund the remaining £5,000.

Members felt there was a need to make rapid progress, in line with other pharmacy organisations. Northern Pharmacies has reiterated its support for a joint 'Pharmacy Northern Ireland' site and will contribute £3,000 to the start-up cost.

Other points discussed at the meeting:

● Dr Norman Morrow, chief pharmacist, DHSS, asked what steps PSNI is taking following the Runcorn peppermint water dispensing case. He expected that the Society would want to address undergraduate training on extemporaneous dispensing; pre-registration training programmes; written procedures for extemporaneous dispensing; and risk management. The matter was passed to the Education and Practice Committee.

● The Council asked the chief executive and secretary, Sheila Maltby, to explore various public relations options that would meet PSNI's needs.

● There was some opposition to a request from Dr Morrow to release a breakdown of the numbers taking part in continuing education, as part of the NCPET Commission. Members argued that the information was registered under the Data Protection Act. Mrs Maltby agreed to check the original decision in previous Council minutes.

● Derek Lawson has been re-appointed secretary to Northern Pharmacies until the annual meeting in November. Prof McElroy proposed that PSNI should continue to give administrative and financial support, and Mrs Maltby is arranging a meeting with the directors. Northern Pharmacies has raised its annual fee from £7,000 to £10,000.

● A joint conference between PSNI and the Pharmaceutical Society of Ireland will take place from October 13-15, in Tullamore, Co Offaly, at a cost per delegate of about £250 for two nights' stay and all meals.

'Over to you' roadshows highlight PDG success

The success of pharmacy development groups (PDGs) in bringing together pharmacists and other health professionals has been the theme of three 'Over to you' roadshows.

At last week's three Royal Pharmaceutical Society's roadshows in Birmingham, Cambridge and Winchester, the benefits were set out by local pharmacists from various parts of the profession who have been involved in their local PDGs.

Jane Portlock, who helped set up the Portsmouth PDG, said: "As word has got out about the interesting work we're doing under the PDG umbrella, so the group has grown." It is now at the stage of setting up sub-groups to work on specific projects and pharmacists will be able to contribute to areas of interest.

"We have developed the PDG strategically, and slowly, so we can monitor the work we do and evaluate its success," she told the audience in Winchester. This has included looking at the treatment of minor ailments, with meetings held through the PCGs for GPs, pharmacists and nurses to discuss how professions can collaborate.

"The GPs were very enthusiastic," she said. "There was very little scepticism, and when a GP voiced his con-



Pictured at the Wessex roadshow are (from left): Roger Odd from the RPSGB; Jane Portlock; RPSGB Council member Sid Dajani; national PIANA co-ordinator Anne Adams; and local co-ordinator Jeff Watling

cerns about whether pharmacists had the skills to diagnose, we used it as an opportunity to describe what pharmacists do, and clear the air."

Nurses were similarly enthusiastic. Triage nurses realised they did not always have OTC drug knowledge but, "because we were working in group, there was no perceived threat and all the professionals were open to learning from each other".

"Visions of science" is being run by Novartis and *The Daily Telegraph*. Judges are looking for the best images of science in action, whether to illustrate a scientific or medical advance or to "simply bring science to life in an original way". Any type of equipment can be used to take the photo from compact camera to scanning tunnelling microscope, say the organisers.

The four categories incorporate photo-

tographs taken by: a professional; an amateur; someone under 25 years; and someone in the science or healthcare field. There are £7,000 worth of prizes of Kodak cameras. "We are keen to see entries from pharmacists and there are some very attractive prizes that could be won either for the individual or their pharmacy," says Novartis.

Entry forms are available on www.visions-of-science.co.uk from May 31, or by e-mailing visions-of-science@ksaevents.com or by phoning KSA Events on 020 7613 5577.

Red, amber and green drug-drive alert

A system of traffic light-style warnings to advise drivers on the potential effects of medicines was due to be proposed on Friday.

If adopted, the system would see OTC medicines carrying colour-coded warnings of the effects on driving:

● red would indicate that the product was safe, or unlikely to produce side-effects that could affect driving

● amber would mean the product was likely to produce minor side effects that might preclude driving

● red would mean the product is likely to produce severe adverse or dangerous effects; users should not drive.

The scheme was due to be proposed by the RAC Foundation and the Conservative Party. The RAC is citing research which found that 20 per cent of drivers believed it would be safe to drive after taking Piriton. Where data exists, it is estimated that antihistamines are involved in 2 per cent of fatal road accidents. The Foundation said more research needs to be done in this area.

CHIC launches pain relief campaign

The Consumer Health Information Centre has launched a pain relief campaign via pharmacies.

The 'Pain and pain relief' leaflet describes OTC analgesics and recommends when to ask a pharmacist for advice. It has been produced in conjunction with the Royal Pharmaceutical Society, the National Pharmaceutical Association, the Doctor Patient Partnership and the Royal College of Nursing.

The NPA is sending a sample copy of the leaflet to members, while the multiples will receive supplies direct. Free copies are available on 020 7404 7842; or they can be viewed on the CHIC web site, www.chic.org.uk. Copies will also be distributed to GP surgeries and over 200 libraries.

The campaign will be promoted to women's magazines, national and regional press, and there will be radio publicity using Dr Paul Stillman. There is no longer a CHIC helpline, as the information was similar to that given by NHS Direct, whose call centres will have copies of the pain leaflet.

Time to overhaul the 'red book', and smooth out GPs' workloads

GPs have to deal with patients suffering from stress, but they themselves are equally prone to developing the condition. Any good doctor will tell a patient that, to tackle stress, they have to look at the causes.

Most GPs, when they analyse their own situation, will tell you that a major feature of their own stress is workload. Many GPs are unhappy that they are being overwhelmed by an excessive workload - generated partly by the fact that primary care is taking over many roles that, in the past, were the province of secondary care.

But funding has not always followed this transfer of responsibility. Administrative tasks have become more onerous, and though GPs get good support from practice managers, this still consumes precious time. Many doctors quite reasonably complain that they would rather spend time with patients than dealing with paperwork.

"Some GPs have minimised stress by going part-time. This is a waste"

Some GPs have minimised stress by going part-time, and taking the financial penalty. From the NHS point of view this is a waste of manpower - particularly with the shortage of GPs. Surely the time has come for a review to look, in detail, at how GPs work.

Some problems GPs face today are a result of radical administrative changes in the last decade or so. The last thing many GPs want is yet another shake-up. But one item which does need reform is the so-called 'red book', aka the Statement of Fees and Allowances; it's complicated and often difficult to understand.

A simplified version may be easier to administer. The downside? Meddling with the payment structure might generate even more unrest. GPs are suspicious of Government reforms - wary that there could be a hidden agenda of cost-cutting.

Despite this, it could be a good time for undertaking a review; a general election is looming and the last thing the Government needs is a fight with a vocal, influential group.

By Dr Harry Brown, a GP practising in Seacroft, Leeds.

Xrayser

Topical Reflections

Welcome to the pawn industry

For safety reasons the relationship between the generic and proprietary name of a prescription drug is made sufficiently clear to minimise mistakes. Once approved, a name will always relate to the same ingredients.

But an obvious and common sense approach that's applied to products used in the dispensary is deemed restrictive once the same drugs are available over the counter.

Miconazole cream 2 per cent is available both OTC and as a dispensary product - Daktarin. Ketoconazole is similarly available as a shampoo (Nizoral) but has recently also been licensed for OTC sale as a 2 per cent cream; and Johnson & Johnson MSD has launched it OTC under the brand name... Daktarin Gold!

J&J MSD could have launched its ketoconazole cream under the Nizoral brand, but has chosen to follow the bad practices already firmly established across the rest of the OTC medicines sector. The company is using brand extension to market a totally different drug.

Now, this may make perfectly good commercial sense, but professionally it is, shall we say, highly odorous. Over the counter, the sound principles that govern dispensing practice have gone straight out of the window: product content is deemed irrelevant; and consumers and pharmacists are treated as pawns in a power-play in which the power of the brand alone dictates policy.

Will 'easy' EHC mean safe sex and unsafe ethics?

It is only a matter of time before emergency hormonal contraception becomes available as a Pharmacy medicine now that the Committee on the Safety of Medicines has ruled it to be suitable for deregulation. The Medicines Control Agency issued its consultation letter last week - usually a strong indication of which way the wind is blowing (see p.4).

The protocols for supply, and how to integrate sales over the counter on the basis of freely available hormonal contraceptives, have yet to be



decided. A compromise will eventually be reached and I suspect that, within a year, Levonelle-2 will be widely available without prescription through pharmacies.

The real debate will start then because the consequences of ready OTC availability will have to be dealt with. Levonelle-2 will inevitably attract competitors and the price will fall. The current mantra - a condom in every girl's purse - will be superseded by the much simpler option of EHC. Restricting availability to teenagers over 16 will be about as easy to monitor as the regulations covering the selling of alcohol and tobacco.

The social changes generated by the Pill, and the consequent sexual revolution, could move into another dimension - and sexually transmitted diseases and HIV may rise. There is also the small matter of the rights of the unborn child. And all this on the back of safe emergency contraception.

The question of unwanted teenage pregnancies resulting from ignorance or poor access to contraception must be addressed. To believe that safe, readily available EHC is the only panacea is to delude ourselves because the solution to one problem may itself spawn many others unless extreme care is taken in introducing such a fundamental social change.

Pharmacists' professional skills, and the role we play in ensuring the

responsible use of OTC medicines, will be very much on display as EHC becomes freely available.

The moment when mouthwash turned into pure hogwash

The regulations that apply to the Drug Tariff are now at odds with those that govern the supply of a patient information leaflet.

I was recently presented with a prescription for 200ml Corsodyl mouthwash which, under Drug Tariff regulations, is not considered to be a special container. However, the patient information I am legally obliged to supply is stuck to the outside of the original bottle.

I phoned the dentist, who thought the system had gone nuts. He always answers queries and left a patient to speak to me. Why had I not just given a 300ml original and endorsed it?

Good question. And no answer apart from 'nuts', for I, too, had had to waste time to clarify the situation.

Most drugs come in patient packs, and that is what should be dispensed regardless of the quantity prescribed. I would like to be given the professional responsibility to merely endorse the obvious, but if that is too much for the bureaucrats then a definitive list in the Tariff of patient packs to be supplied would be a start.

EHC availability a mystery to many

Information, education and access are seen as three key attributes of the pharmacy supply of emergency hormonal contraception under group protocols.

The recent All-Party Pharmacy Group (APPG) follow-up meeting on EHC discussed the systems that are operating in Manchester/Salford and in Lambeth Southwark & Lewisham (LSL) Health Authorities (C&D May 20, p5). The APPG will be recommending to health ministers that the scheme is rolled out nationally. It will also ask for legal clarification of these schemes.

Newbury MP David Rendel, whose wife is a GP, raised the issue of public awareness. "My wife finds a lot of people believe it is too late on a Monday morning, so are very concerned that there is no access to EHC over the weekend," he said. "Is there not a case to be made for further education? A lot of people come in even later in the week having despaired, as they believe that [EHC] has to be taken the following morning."

Philip Walton, a pharmacist working in the Manchester scheme, warned that young girls may use the scheme but their knowledge of hormonal contraception is totally flawed. They think EHC is more effective than it really is, he said.

Dr Simon Fradd of the Doctor Patient Partnership welcomed the schemes. He was worried that half of the women presenting were not using any other forms of contraception. But he saw the protocol as a perfect opportunity to find out more about why women need to have access to emergency contraception.

There was concern that EHC through a pharmacy should not become a two-tier service only offered by a few health authorities.

"Perhaps we should be looking to roll this out nationally, with a few tweaks, to have a vast multi-disciplinary agency," suggested Karen O'Brien, pharmacy project manager for the Manchester scheme.

This project involves all pharmacists having information about the availability of EHC; which pharmacies are in the scheme; their opening hours; which languages are spoken at the pharmacies; and whether the pharmacist is male or female. This information is also available to other NHS bodies, such as NHS Direct and to school nurses, she said.

From June - the official launch of

the Manchester scheme - posters will promote the scheme to the general public; until now, it has relied on the media, word of mouth and referrals from GPs or NHS Direct.

A credit card system, where a client can hand over a card to discretely alert the pharmacy staff, is also planned, and information leaflets are being translated into 11 languages.

Dr George Rae asked why GPs were referring women to pharmacies, and how this affected client confidentiality: were women actually speaking to GPs, or being referred by receptionists?

Ms O'Brien was uncertain, but suggested the situation might relate to the availability of GP emergency appointments.

However, Bob Rihal of the LSL scheme suggested that GP referrals may result from a patient not being registered with the GP. And he added that it was important that patients are given adequate advice - hence the need for a very robust protocol. In LSL, the first month had seen demand exceed expectation massively.

Manchester is collecting data on whether the service is helping to reduce unwanted pregnancy. It is also looking at whether women using EHC via pharmacies would otherwise have used family planning services if the Manchester scheme had not been operating.

Research carried out at termination clinics has revealed that a significant proportion of women are unaware of EHC. Others, who may be aware of EHC, do not know how to obtain it.

Dr John Chisholm said the pharmacy schemes were "a very, very positive way forward" and could be used to help inform the National Sexual Health Strategy.

The British Pregnancy Advisory Service warned that there is opposition to making EHC available, and that EHC is considered abortifacient by some. However, the BPAS spokeswoman said that, while such people are entitled to their view, they should not stop women from seeking access to such a service.

● The next All-Party Pharmacy Group meeting will examine medicines concordance. An estimated 30 per cent of patients take drugs as prescribed; the rest don't follow advice. "We need better mechanisms to stop wasting medicines," said Howard Stoate, MP and chairman of the Group.

Re-inventing the NHS

Beverley Parkin, head of public affairs at the Royal Pharmaceutical Society, argues that pharmacists are well positioned to take a businesslike look at how the NHS should respond to 'users'

"The NHS is insufficiently tailored to meet the needs of the individual patient. While its principles are sound, its practices have to change." So said Health Secretary, Alan Milburn, in the *Sunday Times* on May 7. Pharmacists are well-used to tailoring services to meet customer needs. There is much that the Government could learn from them, and the Society encourages ministers to take a closer look at the improvements pharmacists in all disciplines are already delivering within the NHS.

Mr Milburn's comments came as he confirmed that he had asked Sir Richard Branson to advise the Department of Health on how hospitals "can be made consumer-friendly". Enlisting successful businessmen to inject new ideas into the NHS is nothing new. In June 1997, Greg Dyke, now director general of the BBC, was asked to develop proposals for a new NHS charter.

Mr Dyke's report, produced 18 months later, may prove instructive. Its proposals included a series of local charters, minimum national standards for patient care, greater responsibilities for patients to participate in their own care, better use of IT - and greater communication between health professionals and patients. The report was controversial, particularly because of the potential clash between local charters and national standards; and the Patients' Association claimed to have been excluded from full consultation. But Stephen Thornton of the NHS Confederation welcomed the proposals. Predictably, after such controversy, there has been little progress since the report was published. Richard Branson's task will be to focus ministers' attention on some of the perceived shortcomings experienced by patients - now frequently referred to as 'users'. It is to be hoped that his efforts to understand the system, and the reasons why people use it and work in it, are more successful than were Mr Dyke's. Many pharmacists have considerable business acumen, management and decision-making skills and first-hand experience of keeping their customers satisfied. They may lack the profile of a Dyke or a Branson, but have a key advantage over these illustrious captains of industry: they understand the NHS system from personal experience. The Society has called on ministers to recognise that pharmacists have a great deal to contribute to the development of future health service policy. The Department of Health has acknowledged that the profession's contribution should be considered more fully, and invited a pharmacist to serve on the modernisation team.

NHS users themselves will also have a more concrete role to play in the redesign of the NHS. Last week, Mr Milburn announced "the biggest public consultation there has ever been on the future of the NHS and how we can modernise its services". This includes a Census Day on May 31 when community pharmacists will, with other health professionals, participate in the distribution of leaflets encouraging the public to have their say on the 21st century NHS. Pharmacists would be very well-advised to complete a leaflet themselves because responses are likely to influence part of the development of the new NHS National Action Plan, due to be unveiled in July this year. The plan will help decide on priority areas for action, and the spending of the extra £1,000 per person that ministers calculate will be available to the NHS over the next four years. Pharmacy will need to fight its corner vigorously to prove that the profession can rise to the modernisation challenges faced by the NHS.



Parkin: wants involvement

The No.1 recommended analgesic brand¹ is still only available in pharmacy

Think Ibuprofen
Think Cuprofen

Thanks to your recommendation, the best selling success of Cuprofen in pharmacy continues.² Cuprofen offers the premium brand quality, performance and value for money price your customers like - and the profits you want. And as Cuprofen remains loyal to pharmacies - no grocers, no garages, no newsagents - your customers will remain loyal to you.

SSL International plc

Further information is available from SSL International plc,
Tubiton House, Oldham OL1 3HS. Telephone: 0161 652 2222.
Cuprofen is a Trade Mark of Seton.

¹Taylor Nelson Sofres Counterpoint MAT Quarter 4 1999

²Cuprofen is the best selling 400mg brand - Independent Pharmacy Audit MAT Jan 2000

Cuprofen

IBUPROFEN TABLETS

An award for you...

Turn to the last page of next week's *C&D* to discover how to take the

PHARMACIST CHALLENGE

Sponsored by *Chemist & Druggist*
and Genus Pharmaceuticals



Put yourself in the hot seat at Chemex 2000 in a test of your pharmaceutical knowledge

We can't make you a millionaire but you could win up to £1,500 and a trophy if you can get through to a Mastermind-type final at Chemex 2000. Six pharmacists who answer 20 questions based on *C&D*'s Pharmacy Update modules along with a tie-breaker, will be selected from across the UK.

The entry form and full details of how to enter the Challenge will appear in *C&D* on June 3.

Don't miss next week's issue!



...and for one of your staff

One of your assistants could win the holiday of a lifetime if they can meet the Pharmacy Assistant Challenge

Get your assistants to turn to the last page of their Over the Counter magazine with C&D this week.

There they will find an entry form with 20 questions, based on the Royal Pharmaceutical Society's knowledge base for Medicine Counter Assistants. Completing this and answering a tiebreaker could win them a place in a Mastermind-style final in London on November 24.

There they will pit their wits against five other assistants to win holiday vouchers for £1,500, £500 or £250, with all finalists getting a certificate and trophy.

Go on. Get your assistants to enter the Pharmacy Assistant Challenge

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IN BRIEF

Sterwin launches Monit XL 60

Sterwin Medicines is launching Monit XL 60. The isosorbide mononitrate preparation is licensed as a vasodilator for the prophylaxis of angina pectoris. The basic NHS price for a calendar pack of 28 tablets is £11.14.

Sterwin Medicines.

Tel: 01483 505515.

Good practice guide for IBS

A guide to good practice in irritable bowel syndrome is being distributed to pharmacists. Produced by Pharmacia & Upjohn, in conjunction with the NPA, the pack includes a flow-chart on the WWHAM protocol and case studies for staff training. Copies are available on 0500 390 114.

Pharmacia & Upjohn.

Tel: 01908 661101.

Lipitor's black triangle removed

The Medicines Control Agency has removed the black triangle reporting requirements on Lipitor (atorvastatin). **Parke Davis & Co Ltd.**

Tel: 023 8062 0500.

Leaflet supports glaucoma week

The International Glaucoma Association has produced a patient information leaflet to support its awareness campaign, FROG week (For Awareness of Glaucoma), which takes place between June 12-18. Copies are available from the Association on 020 7737 3265.

Zanaflex: caution on the QT

A caution has been added to the Summary of Product Characteristics for Zanaflex (tizanidine hydrochloride). It is as follows: "Caution should be exercised when Zanaflex is prescribed with drugs known to increase the QT interval."

Athena Neurosciences.

Tel: 01462 707200.

Enbrel gains wider approval

Enbrel (etanercept) injection 25mg, which has been available on a 'named patient only' basis since April, has been approved for the treatment of active rheumatoid arthritis in adults, and polyarticular juvenile arthritis in children, aged 4 to 17. It is said to be indicated in these conditions for patients whose response to methotrexate has been inadequate.

Wyeth Laboratories.

Tel: 01628 604377.

CFC-free Evohaler replaces Flixotide

Allen & Hanburys has launched Flixotide Evohaler 125 and 250 as CFC-free replacements for Flixotide 125 and 250 inhalers.

Flixotide Evohalers are equivalent in terms of efficacy, safety, dose and price to the CFC-containing inhalers they replace. The Evohalers can be dispensed against the equivalent Flixotide prescription without the need for prescriber endorsement. But the Government's CFC-free Transition Strategy suggests that there should be dialogue between pharmacist and prescriber during the initial transition. The 25mcg and 50mcg Flixotide inhalers

are remaining as MDIs for the present.

Evohalers are the same size, shape and colours as the inhalers they replace, though some patients may notice a slightly different taste, sound or feel with their new inhalers. The Strategy recommends that patients are not switched back and forth between CFC-containing and CFC-free MDIs.

Allen & Hanburys has written to pharmacists and prescribers to outline the transition process for the new inhalers. It is also providing patient support material.

Allen & Hanburys Ltd.

Tel: 020 8990 9888.

Enrich Plus adds fibre to range of supplements

Ross is adding Enrich Plus, a fibre sip feed, to its range of nutritional supplements.

Enrich Plus is a 1.5kcal/ml nutritionally complete fibre sip feed. It is available in a 200ml tetrapak in vanilla, chocolate, strawberry and banana flavours. Enrich Plus contains 2.5g fibre per pack in a ratio of 25 per cent soluble to 75 per cent insoluble, which mimics normal diet. It also contains fructo-oligosaccharides, which are thought to promote gut health.

The new product is an addition to the existing range of Ensure Plus, Enlive and Formance puddings. The whole range is ACBS approved and prescribable on FP10.

Ross Products Ltd.

Tel: 01795 593203.

MEDICAL MATTERS

Salmeterol 'more effective' than steroid boosts

Salmeterol produces better asthmatic control in patients on low to moderate doses of inhaled steroids than an increase in their steroid dose.

A study on the meta-analysis of increased dose of inhaled steroid or addition of salmeterol in symptomatic asthma (MIASMA) compared nine trials involving 3,685 patients. The trials were randomised, double-blind, not

less than 12 weeks in duration, and used patients who were at least 12 years old. The trials compared a combination of inhaled salmeterol and inhaled steroids to at least a doubling of the steroid dose.

Patients taking salmeterol experienced improvements in morning peak expiratory flow, forced expiratory volume in one second, mean percent-

PPA releases new mental health data

Atypical antipsychotics account for 16 per cent of antipsychotic prescriptions, but 76 per cent of the spending on this group.

Spending on all antipsychotics has risen from £5 million to £19m over the last five years, according to the Prescription Pricing Authority in its latest PACT report on mental health. Risperidone and olanzapine account for 88 per cent of prescriptions for atypicals. And there is a three-fold variation between health authorities in spending on typical antipsychotics, and a ten-fold variation in atypical spending, excluding depot preparations.

SSRI and related antidepressant prescribing has surged over the last five years and represents half of antidepressant prescribing. Tricyclic and related antidepressant prescribing has

increased slightly over the same period and represents just under half of antidepressant prescribing.

Anxiolytic prescribing is static, with nearly three-quarters of these prescriptions for diazepam during the quarter to September 1999. Buspirone prescriptions account for 1.5 per cent of anxiolytic prescribing, but absorb 22 per cent of the spending.

Temazepam is the most frequently prescribed hypnotic. Based on a daily dose of 20mg, 88 per cent of prescriptions were for a quantity of one month or less, 0.75 per cent were for more than three months' supply, and 0.02 per cent were for six months' worth.

The PPA says the prescribing of antidepressants, antipsychotics and benzodiazepines will be used as a performance indicator in the National Service Framework on mental health.

Ropinirole reduces dyskinesia risk

The risk of dyskinesia associated with anti-Parkinsonian medication can be reduced by starting treatment with ropinirole alone and supplementing it with levodopa, but only if necessary.

A prospective, randomised, double-blind study compared the safety and efficacy of the dopamine D2-receptor agonist ropinirole with levodopa over five years in 268 patients with early Parkinson's disease.

The primary outcome measure in the study, published in *The New England Journal of Medicine*, was the occurrence of dyskinesia.

In the ropinirole group, 29 of the 85 patients received no levodopa supplement. The cumulative incidence of dyskinesia, was 20 per cent in the ropinirole group and 45 per cent in the levodopa group.



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NOTHING HITS HAYFEVER HARDER

Zirtek provides fast, effective relief from hayfever symptoms and has no known drug interactions.

ZIRTEK ALLERGY

PRESENTATIONS: White, oblong, scored, film-coated tablet engraved Y/Y containing 10mg cetirizine hydrochloride.

USES: Treatment of seasonal and perennial rhinitis and chronic idiopathic urticaria.

DOSE AND ADMINISTRATION: Adults and children aged 6 years and over:

0 mg once daily. In renal insufficiency halve the dose to 5 mg (1/2 tablet) daily.

CONTRAINDICATIONS: Hypersensitivity to constituents. Avoid use in pregnancy and lactation.

PRECAUTIONS: Do not exceed recommended dose, particularly if driving or operating

machinery.

DRUG INTERACTIONS: To date there are no known interactions with other drugs. As with other antihistamines avoid excessive alcohol consumption.

SIDE EFFECTS: Mild and transient drowsiness, headache, dizziness, agitation, dry mouth and gastrointestinal discomfort have been reported.

PACKING, PRICE: Pack of 7 tablets = £4.25 Retail.

LEGAL CATEGORY: P

PRODUCT LICENCE NUMBER: Tablets 5221/0001.

MARKETED BY: UCB Pharma Limited, Watford, Herts, WD1 8UH.

For further information please contact: UCB Pharma Limited, UCB House, 3 George Street, Watford, Herts, WD1 8UH.

Telephone (01923) 211811. Facsimile (01923) 229002.

Date of preparation: March 2000

UCB-Z-00-04



Counterpoints

Autan offers trial before you buy

Bayer is introducing a new 'trial before you buy' initiative for its Autan insect repellent.

Special tester bottles of Autan Family Lotion will be available to pharmacies throughout the summer.

Tester stickers for the sample bottles will be provided for maximum shelf visibility, inviting customers to try the product. Sales of Autan will also be supported by a summer advertising campaign and educational programme.

Advertising will appear on TV monitors at the London and Liverpool passport offices until October. Autan and Germolene will also be advertised on Thomson ticket wallets from June to August; and an Autan educational leaflet giving holiday advice will be in selected GPs surgeries from July.

Bayer plc.

Tel: 01635 563000.

Hay Fever Monitor

Benadryl

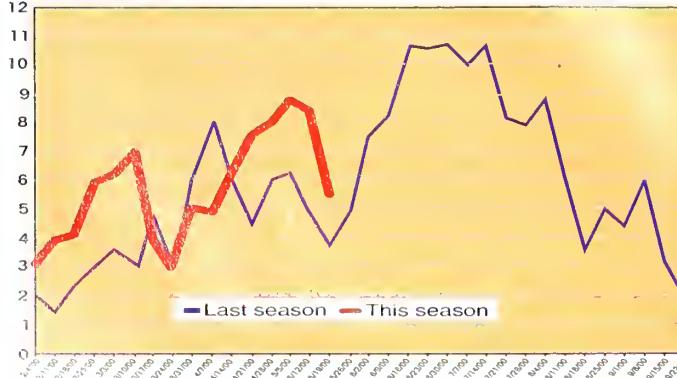
ALLERGY RELIEF

(contains acrivastine)

No non-drowsy allergy tablet works as fast



United Kingdom	Pollen level this week	Same week last season	Predominant pollen this week	Status	No. of weeks on status
BIRMINGHAM	7.6	3.3		Normal	1
BRISTOL	7.1	3.9		Normal	1
GLASGOW	5.6	7.8	Birch	Pre-alert	5
LEEDS	7.4	3.4		Normal	1
LONDON	7.2	5.4		Normal	1
MANCHESTER	6.9	4.0		Normal	1
NEWCASTLE	8.3	3.3	Birch	Alert	4
NDWICH	7.1	4.6		Normal	1
PLYMOUTH	6.6	3.9		Normal	1



Further information is available from the licence holder by writing to: Warner-Lambert Consumer Healthcare, Chestnut Avenue, Eastleigh, SO53 3ZQ. [P]

Equazen launches new EFA supplement range

Equazen Nutraceuticals is launching a new essential fatty acid dietary supplement range in the UK.

The range is being introduced with two products - Qarma and Eye Q. Both supplements contain only high quality natural oils.

Qarma capsules contain pure evening primrose oil extracted with a process that ensures it remains in an all-natural virgin form.

The capsules also contain natural vitamin E, which acts as an anti-oxidant and assists GLA absorption by the body.

Eye Q is a nutritional supplement designed to help maintain eye and

brain function. It contains eicosapentaenoic acid, docosahexaenoic acid, gamma linolenic acid and natural vitamin E. The supplement is suitable for children and adults.

The recommended dose for both supplements is two capsules a day with meals, after an initial intake of six capsules a day for the first 12 weeks. Both supplements retail at £7.99 for 60 - a month's supply.

A marketing and PR campaign will support the launch in women's magazines and national newspapers from June.

The results of a pilot study



involving hyperactive children who have been on a course of Eye Q will be highlighted in the media. A full scientific study is due later this year. In-store promotional material is available.

Food Brokers.

Tel: 02392 222500.

Mousse suits your skin to a tea

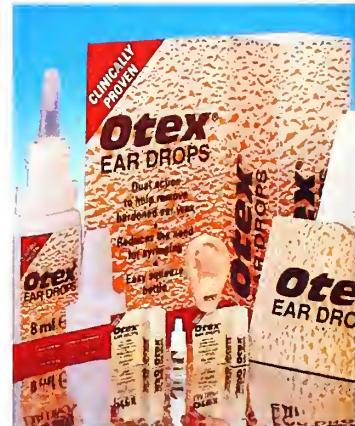
Grafton International is launching a new moisturising body cream in a can in its Original Source range.

Original Source Moisturising Body Mousse contains a blend of essential oils and has a light mousse texture. It is formulated to leave the skin soft and supple without a greasy after effect.

The product comes in three variants: Tea Tree & Mint (cooling, reviving and refreshing); Tea Tree & Lemon (revitalising, soothing and balancing); and Tea Tree & Orange (reviving, healing and calming).

The retail price is £2.75 for 150ml aerosols.

Grafton International.
Tel: 01543 480100.



Ear, ear... Otex turns up the volume

Dendron is introducing an eye-catching new range of pharmacy PoS materials for Otex ear drops.

Otex is featured on two new showcards - a giant reproduction of the product packaging, and a counter top showcard in the shape of an ear.

Both showcards feature the brand promise - 'Reduces the need for syringing'.

Also available are Otex 'stress ears' (squeezy rubbery ears) and the Otex mouse mat.

Dendron Ltd.
Tel: 01923 205720.

Fresh approach to herbal remedies

Herbal Concepts has produced a new free PoS leaflet to help pharmacies and health food retailers give advice on remedies.

'A Fresh Approach to Herbal Remedies' provides practical information on the conditions each remedy will treat.

Herbal Concepts Ltd.
Tel: 01296 689045.



A Joint Step Forward

Jointace® includes:

Cod Liver Oil
Omega-3 Fish Oil
Glucosamine Sulphate
Vitamin D
Vitamin E (natural)
Vitamin C
Folic Acid
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Zinc
Manganese
Copper
Selenium
Boron

Healthy joints are essential, whether your customers are involved in sport, fitness, or wish to maintain suppleness and flexibility later in life.

Jointace® from Vitabiotics is a new, advanced formula providing special all-in-one support to maintain supple and flexible joints.

Each 'liquid capsule' contains a unique combination of 12 trace minerals and vitamins with Pure Cod Liver Oil and Omega-3 fish oil, known to help keep joints healthy. The formula also includes Glucosamine Sulphate, the special ingredient required for the body's production of collagen, plus the additional benefits of selenium and natural vitamin E.

Jointace® is the first supplement to provide the full spectrum of nutrients for healthy joints and muscles. So make sure you stock the formula with the supple difference.

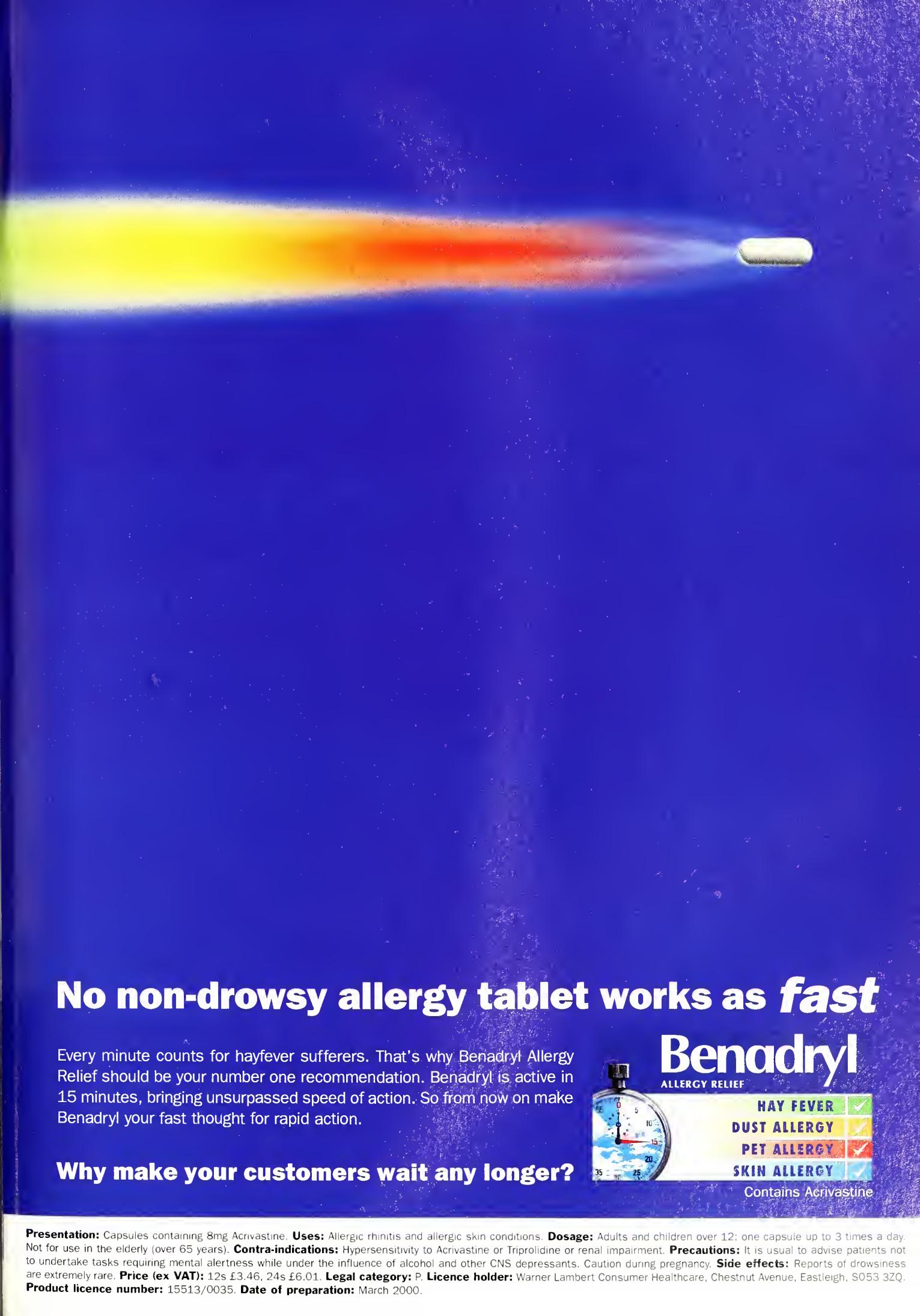
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the new advance in joint-nutrition



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No non-drowsy allergy tablet works as *fast*

Every minute counts for hayfever sufferers. That's why Benadryl Allergy Relief should be your number one recommendation. Benadryl is active in 15 minutes, bringing unsurpassed speed of action. So from now on make Benadryl your fast thought for rapid action.

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Benadryl

ALLERGY RELIEF



HAY FEVER

DUST ALLERGY

PET ALLERGY

SKIN ALLERGY

Contains Acrivastine

Presentation: Capsules containing 8mg Acrivastine. **Uses:** Allergic rhinitis and allergic skin conditions. **Dosage:** Adults and children over 12: one capsule up to 3 times a day. Not for use in the elderly (over 65 years). **Contra-indications:** Hypersensitivity to Acrivastine or Triprolidine or renal impairment. **Precautions:** It is usual to advise patients not to undertake tasks requiring mental alertness while under the influence of alcohol and other CNS depressants. Caution during pregnancy. **Side effects:** Reports of drowsiness are extremely rare. **Price (ex VAT):** 12s £3.46, 24s £6.01. **Legal category:** P. **Licence holder:** Warner Lambert Consumer Healthcare, Chestnut Avenue, Eastleigh, SO53 3ZQ. **Product licence number:** 15513/0035. **Date of preparation:** March 2000.

IN BRIEF

The naked truth, writ large

Mass Pharmacy has produced a large, eye-catching poster of a naked man for its store windows to raise awareness of the need for sun protection. Endorsed by the Imperial Cancer Research Fund, it aims to persuade customers to ask pharmacists for sun-exposure advice.

'Free' remedies support prizes

Planet Herbs is offering 300 retailers a range of its herbal remedies worth £450, plus a PoS stand, free in return for a donation of £120, spread over one year, to The Conservation Foundation Planet Herbs Awards. The awards will support projects designed to protect worldwide herbal heritage.

Planet Herbs.

Tel: 01455 615466.

Sticking to safety in the sun

Crookes Healthcare has reformulated its E45 Sunscreen Stick from SPF 15 to SPF 25, and developed new user-friendly, blistered packaging. Promotional units for pharmacies have been designed to help highlight the E45 Sun range and the importance of sun protection.

Crookes Healthcare Ltd.

Tel: 0115 953 9922.

Chick Flicks hit the big screen

SCA Hygiene Products is teaming up with Warner Village Cinemas to run a promotional campaign for Bodyfarm during the Euro 2000 football tournament. The sponsorship package, billed as the Bodyfarm Chick Flicks season, will run from June 2-July 2. The Bodyfarm String cinema commercial will be shown before each film.

SCA Hygiene Products Ltd.

Tel: 01582 677400.

Propain focuses on key image

Sankyo Pharma is supporting its Propain analgesic in a women's press campaign from July. The advertising features the Propain warning triangle imagery. A similar advertisement is appearing in a Pharmasite campaign running until June 18 in dispensaries.

Sankyo Pharma UK Ltd.

Tel: 01494 766866.

Bayer pushes to the limit

Bayer Diagnostics has designed a limited edition Esprit blood glucose meter and will run an exclusive Esprit pharmacy promotion. A 'test your limits' competition offers customers the chance to win a CD player.

Bayer Diagnostics.

Tel: 01635 563000.

Star turns for Sankyo staff in pain-relief ads

Sankyo Pharma is using members of its own staff to 'star' in a new press advertising campaign for Movolat Relief this summer.

The campaign aims to draw attention to the fact that Movolat Relief is suitable for use by a wide range of people of differing interest and ages. It features the strapline, 'Pain relief for all sorts'.

The advertisements feature Sankyo staff taking part in activities that

could aggravate muscle pain including strains, back pain and sports injuries. These include a tennis player, a mountain-biker, a gardener, a shopper, a football player and a golfer.

The campaign will run during June and July in Sunday newspaper supplements and in health and fitness magazines.

Sankyo Pharma UK Ltd.

Tel: 01494 766866.



Bazuka splashes out to ensure verruca campaign will gel



ON TV NEXT WEEK

Beconase Allergy: All areas + C5

Benadryl Allergy Relief: All areas

Braun Syncro: All areas

Calpol: All areas, except U

Clarityn: M, LWT, CAR, C4, GMTV, TSW, Sat, C5

Gillette Mach3: All areas

Macleans Whitening: All areas, except U, CTV

Oxygen: All areas, except U, CTV, GMTV

Senokot: All areas, except G

Zintek: C, CAR, HTV, GMTV, C4

A Anglia, **B** Border, **C** Central, **C4** Channel 4, **C5** Channel 5, **CAR** Carlton, **CTV** Channel Islands, **G** Granada, **GMTV** Breakfast Television, **GTV** Grampian, **HTV** Wales & West, **LWT** London Weekend, **M** Meridian, **Sat** Satellite, **STV** Scotland (central), **TT** Tyne Tees, **U** Ulster, **W** West country, **Y** Yorkshire

Dendron is supporting its Bazuka Gel and Extra Strength Gel for verrucas, warts, corns and calluses with colourful new PoS material for pharmacies.

The 'Bazuka that verruca' showcards feature the action-packed image of a boy leaping up out of the water, from the closing shot of the Bazuka TV commercial.

The showcards have strong visual links with the TV commercial to reinforce the brand name in pharmacies.

Dendron Ltd.

Tel: 01923 205720.

Nestlé phases out toddler snacks

Nestlé has begun to withdraw its Nestlé Junior range of toddler snacks and drinks due to "disappointing sales". One of the products had been criticised for having a high sugar content.

Launched last July, the range was aimed at children aged one to three. It includes Milk and Honey Biscuits, Sesame Sticks, Apple and Banana Fruit Stick and two Fruit Splash drinks sold in three carton multi-packs.

A spokesperson for Nestlé said sales were disappointing, "meaning that the brand was not viable in the long term".

The Fruit Stick was criticised by the Food Commission after a survey showed that it contained 50 per cent sugar, compared with 36 per cent in a jam tart.

Nestlé UK Ltd.

Tel: 020 8686 3333.

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Sales of cameras and film are continuing to boom in the UK and around the world, so what exactly is prompting consumers to become increasingly snap-happy?

The big picture

The global photographic market was worth around \$54 billion in 1999, representing a growth of 3.7 per cent over 1998. figure: Three billion rolls of film and 300 million use-and-bin cameras were sold around the world last year, while the number of individual colour prints produced exceeded 70 billion.

The saturation of the domestic market with personal computers,

printers and scanners is playing a key role in the expansion of digital formats. growth of 3 per cent in the analogue camera market was dwarfed by a 45 per cent hike in the digital sector.

But the rapid growth of digital photography does not spell the beginning of the end for traditional formats – far from it. Ahead of Photokina, the World Fair for Imaging in September, Rainer Schmidt, executive manager of the German Photographic Industry Association, said

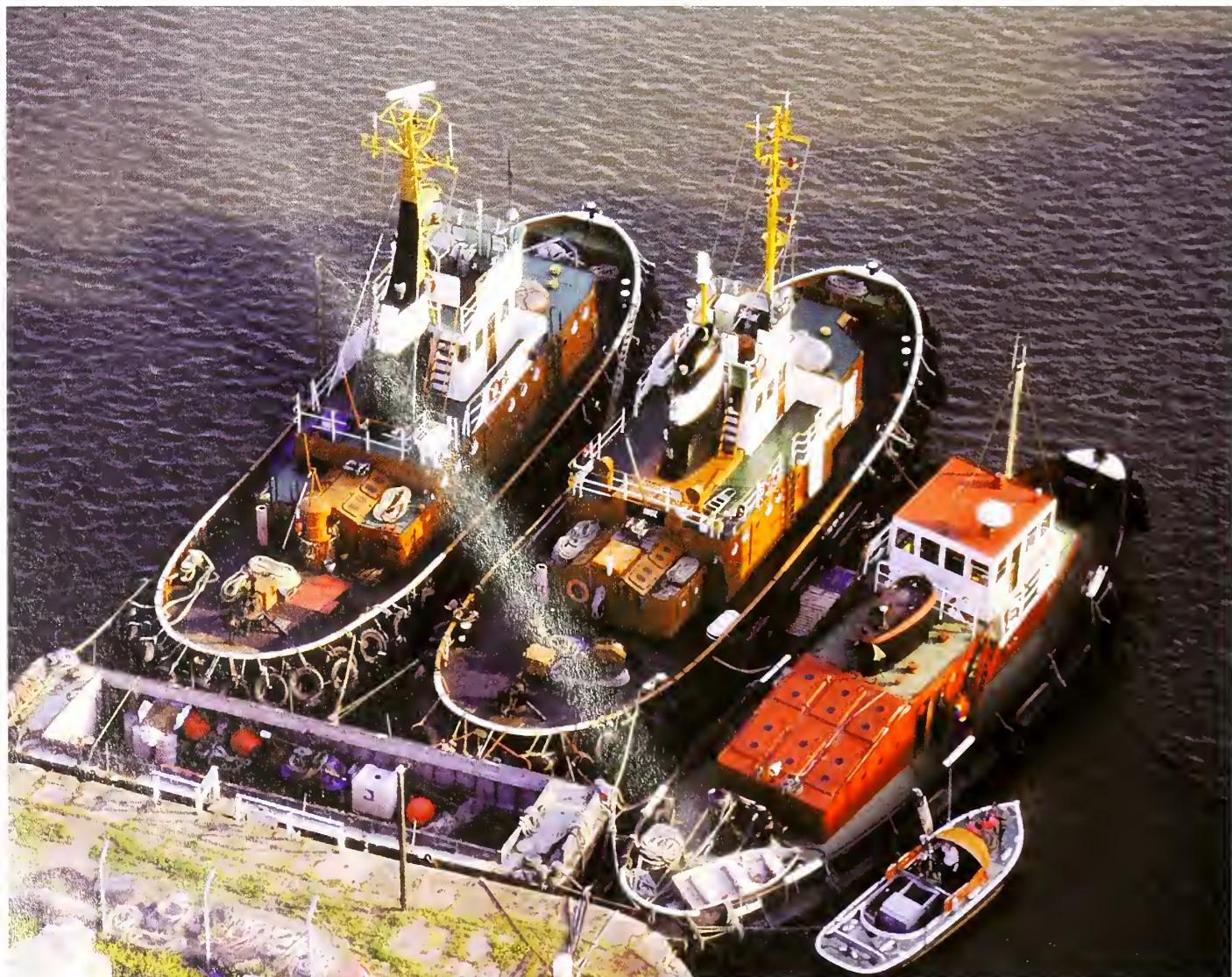
that instead of pushing analogue photography aside, advances in digital technology are boosting market growth across the board.

"In all sectors of photography – picture taking, processing and utilisation – analogue and digital technologies go hand-in-hand to create new areas of application and new markets," he said.

"Hybrid and digital systems of photography create additional demand, fostering growth in image

utilisation – for instance, in print media – and in communications with pictures. One can use images in the same way as one uses text to convey messages, as demonstrated by the internet. From now on, pictures will be accessible everywhere and no longer tethered to the location where they were created."

Chip and film – electronic and photochemical imaging – are partners that "mutually enrich and foster each other", he added.



Tugs in Grimsby Docks, in the soft, warm colours typical of Fujichrome Velvia

APS snap-happiness

Arise in the retail value of the UK photographic market of 8 per cent in last year pushed earnings to over £1.3 billion, according to the leading player, Kodak. And even excluding the boost to sales provided by the Millennium, the company expects that figure to rise by a further 6 per cent this year, to £1.4bn.

The UK retail market for film development and printing (D&P) is valued by Kodak at about £550 million - more than 40 per cent of the whole photography market. The independent pharmacy sector accounted for around 13 per cent of film sales and 12 per cent of all processing last year.

Kodak's research suggests that convenience remains the main reason why people use pharmacies for their photographic requirements.

The Advanced Photo System (APS), launched in 1996, continues to drive the film category, according to Clare Fleerackers, public relations manager at Kodak's consumer imaging division. And with 52 per cent of the 1.2 million APS cameras sold last year purchased at Christmas - doubling the number in the market - film sales are set to jump.

"APS film accounted for almost a quarter of all film sales last year and, with the huge increase in cameras now in use as a result of Christmas sales, it is essential that pharmacies stock APS film as well as 35mm," she said.

Noritsu confirms that the introduction of APS has helped to stimulate interest in conventional photography, and says that the overall market has grown by around 20 per cent over the past three years. It estimates that the D&P generated UK sales of £533 million last year.

Traditional D&P increased by 3 per cent in value over the period and has grown steadily over the past six years - despite the growing popularity of digital cameras. Noritsu estimates that the film processing market will grow by a further 6 per cent in volume this year, with APS accounting for about 16 per cent.

APS is a more compact and easy-to-use format than 35mm and, says Sharon Walker, marketing manager for Gretag Imaging UK Ltd, it has injected new life into the industry. "APS has done a great service for the photo industry in that it refreshed interest in conventional photography," she explained, adding that APS had also played a big part - along with single-use cameras - in bringing young



Kodak's Advantix F350, at £39.99, supersedes the F300 Auto, which was the UK's best-selling APS camera in 1999

people into the market.

"Although national percentages for APS are around 16-17 per cent, any minilab that does APS and is achieving less than 20-25 per cent is probably underachieving," she says.

Collectors' items

The aesthetics of design are playing an increasingly important part in photography, particularly in the compact APS market. Indeed, some disposable cameras are being marketed as special models for specific occasions, such as weddings, water-sports, skiing and golfing - and are even 'collectables'.

"Next to APS, single-use cameras are the fastest growing category of the camera market," says Miss Fleerackers. "The market has grown 62 per cent since 1997 and is worth around £60m at retail." Research shows that, once tried, users will more than likely purchase again, she says. "Yet only 16 per cent of the UK's adult population have ever tried a single-use camera, demonstrating that there is huge untapped potential for pharmacies."

In an effort to reach this vast potential, Kodak has simplified its 35mm single-use camera range under the Ultra brand. Its Kodak Ultra Super Flash camera has a retail price of £8.99 - though experience has shown that consumers are more than willing to pay a reasonable premium.

More and more features are becoming available on disposable cameras. Kodak's £10.99 APS contender, for example, allows users to choose between picture formats.

At Agfa, retail sales manager Graham Jackson is convinced that a growing number of consumers are accepting APS and, as camera sales

increase, pharmacies will reap the benefits of film sales and processing revenue.

He suggests that around 50 per cent of all compact camera sales are APSs, and that they ranked alongside single-use cameras of the fastest-growing segment of the photographic market.

Agfa estimates that APS will account for 20 per cent of film sales during next year, and that pharmacies with minilabs will prosper as a result. "APS offers the pharmacist terrific margins and customers have a propensity to opt for premium services. Our research has shown that APS processing customers are more likely to choose an express service than 35mm customers," says Mr Jackson.

ColourCare notes that APS camera users consume an average 30 per cent more film than their 35mm counterparts.



Bryan Gladwin

A slide-ways glance

Reports of the death of slide film have been very greatly exaggerated, argues expert Bryan Gladwin

The advent of digital imaging was heralded as the end of photography as we know it. Yet there are signs that, quite to the contrary, it has stimulated interest in all aspects of this medium.

After years of decline, it is reported that sales of black and white film are increasing, and to keep up with the continuous technical progress in cameras, manufacturers have improved print and slide films and brought out new ranges that exploit the high quality of modern lenses to produce strong images of greater clarity and saturated colour.

A survey of slide films in *Practical Photography* magazine is reviewing

Continued on P22 →



Rafique Adam, a Hackney pharmacy owner, won a £1,200 Polaroid SP350 camera in a competition sponsored by Libra

→Continued from P21

more than 50 different slide films available in the UK; these include familiar favourites such as Kodachromes 25 and 64, Agfachrome and Fujichrome. They are well known for their archival quality: many 40-year-old slides look almost as good as new.

Yet these can never have looked as brilliant as the images produced using more recent introductions of films such as Kodak Elitechrome 100 Extra Colour, Fujichrome Velvia or Agfachrome CT Precisa 100.

Whereas earlier films could be described as reliable variations on the natural look, some of the newer ranges go from stunning to more stunning. Realism is not necessarily the most important factor - but, then, realism is in the eye of the beholder.

Kodachrome 25's fine grain set a high standard for clarity, but its slow speed requires a good light for the best results, whereas newer films give better results even in poorer light. Each film gives slightly different results, and part of the fun is trying them out to see which suits you.

Even fanatics of digital imaging have to admit that, price for price, the conventional camera is more than holding its own against the digital version in terms of image-quality.

Many who cannot - or won't - pay



for top quality digital cameras prefer to use slide film for the best images to scan into their computers.

In professional work, the slide is often the generally preferred media of presentation.

Corfe Castle, using Kodachrome 64 (bottom left) and a view, taken with Agfachrome CT Precisa100 (below)



A Lincolnshire view, photographed with Kodak Elite EB2



Two views of a lake in Chile, one taken using Fujichrome Sensia 100, the other with Kodachrome 64. Fuji delivers softer, warmer green-biased tones; Kodachrome produces a cooler effect

To those photographers who have previously been satisfied with best-quality prints, the brilliance of the projected images of the new slide films can come as a revelation. And projection onto the big screen is perhaps the most satisfying way of seeing your images - although the advent of CD-ROM means that slide images can be transferred onto a disc and viewed or manipulated on PCs.

Because of the increasing demand for speedy results, another change that has occurred is the move away from using process-paid films, which have to be sent away to the film manufacturer's laboratory, and this typically means a wait of several days. But now the situation has changed: there is a growing range of high quality films which can be processed locally and be returned in hours, rather than days.

Remember that most pharmacies are more accessible than specialist photographic dealers, so the key question is: are you losing out on potentially significant sales? Why not try promoting some of the new ranges of slide-film? You may well get a profitable foothold in the digital imaging market.

Bryan Gladwin, ARPS, edits the audio-visual group newsletter of the Royal Photographic Society

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The digital option

The growth of the UK digital camera market is a genuine opportunity for pharmacies with the technology to manipulate and download images.

Simon Turner reports

Pharmacists, says Sharon Walker, marketing manager for Gretag Imaging, should see digital photography as an opportunity, not a threat.

"The minilab market in the UK very much reflects the changes that are happening elsewhere in the world of retail. Multiples are getting stronger and mega-mergers are reducing the number of players."

Photographic processing is seen by these big players as a service they should provide to their customers and Ms Walker believes they will inevitably end up taking the volume business. "Independents who succeed will be those who also reflect the activities of businesses in other retail sectors, who have become successful through their willingness to attack niche markets," she said.

"They will be early adopters of new services. They will attack the multiples by providing those services that multiples can't provide - personal service and expertise."

She added that future growth in the digital services market is expected to be driven by individual minilab operators who take the time and care to explain to customers the complex issues surrounding image manipulation, input devices, output devices, and so on.

Mrs Walker believes that increasing focus on the digital format, along with the perceived belief among the public that "all things digital always means better", will impose limits on the potential for market growth in some other formats, such as APS.

A route to profit

"It is clear that in the UK, where APS achieved early penetration - probably quicker even than in the US - that the dramatic growth has now ebbed," she said.

Graham Jackson, Agfa UK's retail sales manager, believes that photography represents a key area of growth for pharmacists. On-site processing coupled to niche markets like photos for passports, driving

Satisfying the appetite for High Street take-outs

Pharmacists who do not have their own high-tech digital processing facilities can now offer customers a digitally-enhanced 'take-out' processing service for the printing of APS and 35mm films, following the launch of a new Colorama service on April 4.

The company's finance director, Ash Amin, believes the new service, which relies on Agfa's Dimax digital masking exposure technology, will overlap with digital services. He also thinks it is a more cost-effective option for pharmacists than installing a minilab.

The system produces index cards which have proved to be extremely popular with consumers, who no longer need to squint at negatives. It also tackles the hitherto thorny issue of masking, a method of shielding certain areas of the image during processing. Masking is necessary because of the need to get a lot of light through dark areas of the negative, which can mean other, lighter areas becoming over-exposed.

The benefits of this become clear when considering a fairly typical picture-taking scenario: in a conventional flash shot of a group of people in a room using a low-contrast negative, people in the background of a picture can look indistinct. Dimax analyses certain features of each negative - including the contrast, colour and density - and adapts exposure to maximise detail, effectively restoring faint areas.

Consumers processing their films through one of Colorama's pharmacy customers receive a number of other bonuses in addition to enhanced picture quality, including larger, 4.3x6.4in prints on heavyweight, prestige paper. One of the advantages for pharmacists using Colorama's service instead of minilabs is the fact that no capital outlay is required. "There is no machinery, there are no extra staff and you get professional results at amateur prices," explained Clive Turner, director of sales and marketing. "This machine allows pharmacists to compete on quality and not just on price." Colorama has 2,000 outlets across the country, mostly in independent pharmacists.

licences and identification cards, are opportunities which can be exploited by minilab operators. And there is no reason for owners of slightly older machinery to miss out on the digital action, he says, because upgrades are available.

"For pharmacists that have already invested in a minilab, an upgrade can prove lucrative," confirms Mr Jackson. Agfa's digital passport and APS upgrades are two examples. The former allows digital image files to be printed either as a set of passport photos, a wallet-sized photo set or a single print.

In combination with a digital camera, minilab operators are offered the possibility of setting up a fully-functioning digital passport studio.

While many are fervent in their conviction that the future is digital, others remain to be convinced. However, the convenience of digital photography is a key factor in attracting an ever-growing band of PC owners to the format.

Another is the misconception that going digital is a cheaper way of producing photographs: while the cost of film processing film may be eliminated, the requirement to eventually print out pictures onto specialist paper using expensive inks can easily outweigh this saving.

Calling for a minilab

The market has been moving away from a 'take-out' service towards minilabs for years, according to some observers

When somebody gets enough volume and puts in their own minilab, they are making a lot more money than if they are just putting it out, argues Sue Bromfield, sales director of minilab manufacturer Noritsu.

"However, if you have got a low

volume D&P business, it doesn't warrant having your own minilab - in which case you are looking for the best take-away service possible."

Noritsu estimates that there are about 3,500 minilabs in the UK, up to 1,500 of which are operated by independent retail businesses. The

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The Noritsu QSS-micro is typical of the latest generation of small footprint minilabs

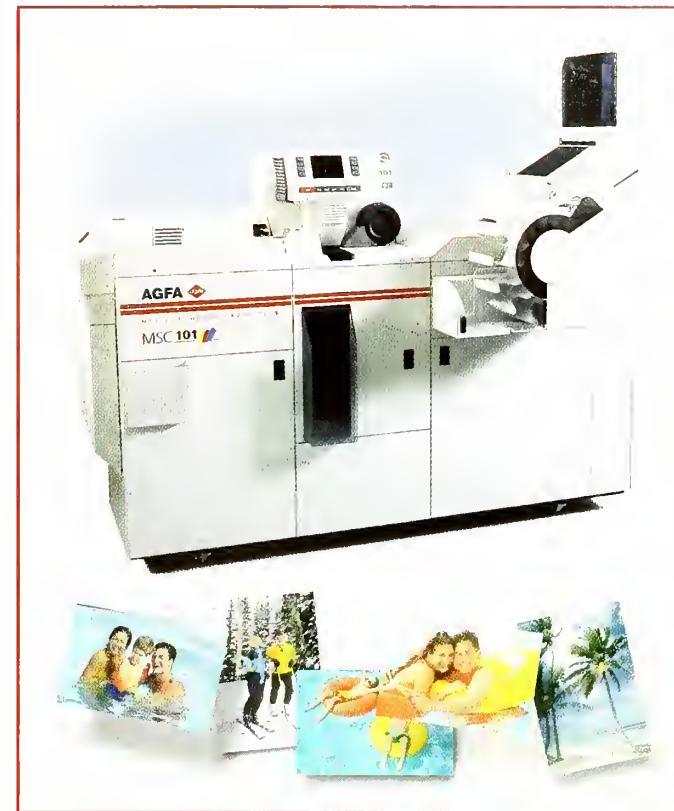
David Podbury, owner and manager of the Pantiles Camera Centre in Tunbridge Wells, confirms that interest in digital photography is "developing rapidly" among the public - but that it's not a suitable option for most people.

"It is possible to be creative with digital pictures by using software, but it is probably fair to say that most people don't know their PC well enough, or have the time to play around with their photos on screen," he explains.

Customers looking for a new camera often think digital versions are going to take over from the traditional format - but they aren't. Digital pictures have to be downloaded onto a PC, trimmed, cropped, colour-changed and then printed; and it can be a lot of work, he says.

The price of high-end digital cameras takes the technology out of reach of most people, but there are other digital solutions available: high resolution negative scanners allow images to be transferred into the digital domain without loss of quality.

Digital camera technology is evolving rapidly and it may not be very long before the image-quality taken for granted in other formats is matched - or even exceeded.



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The complete picture

→Continued from P25

company claims an increasing number of independent pharmacies are planning to improve profitability by introducing on-site, one-hour film processing services.

But Ms Walker at Gretag Imaging warns that success in providing new services is only achievable if a pharmacist really knows his or her customers. Before investing in digital minilabs, they should first verify that customers actually want such a service.

The next generation of minilabs will be linked directly to the internet, she believes. But as a stepping stone to that, a growing number have the facility to scan negatives and put them onto a CD, with software for image viewing and manipulation.

Research carried out by Telepix, which manufactures image-manipulation software under the Photo Factory brand, shows that over 75 million rolls of film - or 2.3 billion images - will have been uploaded to the internet by the end of this year.

As in other areas of photography, technological developments for minilabs are developing at a prodigious rate. The Kodak Support Centre, based in Hemel Hempstead, has introduced the Kodalink service for minilab operators. Part of the service offers to remotely monitor the processes taking place inside a minilab to ensure optimum performance.

Kodak's PhotoNet is a digital system for minilabs that provides on-site scanning facilities. The system, consisting of a Windows-based computer workstation, a monitor, automatic film scanner and index printer, enables pharmacies to offer customers a range of other digital Kodak products and services, including Picture CDs, PhotoNet Online, and Picture Disk.

The system can scan 35mm and APS negatives, prints and slides - without having to make any workflow-disrupting changes to hardware. PhotoNet costs around £10,000, though the company says that the investment can quickly be recouped.

Modern high-capacity minilabs include Fujifilm's Frontier 370 digital model, which can process an average of 44 rolls of APS film per hour, producing up to 1,450 prints.

Gretag Imaging's latest offering, the digitally-upgradable Master Nova, has a production speed of 650 prints per hour and prints automatically, freeing valuable time which can be spent selling to customers.

Agfa's MSC101 combines film and print processing in one compact unit: as with most minilabs, its package which includes a training course, technical support and supplies of paper, chemicals and other materials.

Cashing in on high premiums

An Evesham pharmacy is making the most of digital opportunities, and profits, in photo processing

David Aylesbury, who runs Evesham-based Bengeworth Pharmacy with his pharmacist wife, Patricia, is a keen photographer. He has been using a minilab for six years and is convinced that, of all the photography-related business opportunities available to pharmacists, modern labs offer the best route to business success.

But isn't Mr Aylesbury concerned about the threat posed by digital-enhancement services, such as that now offered by Colorama? "I'm not at all worried," he says emphatically. "I can compete with that. There are certain things about our service that we can push, and one of those is that I can't lose the stuff because it doesn't leave the premises."

"I've just had a guy in who has managed, after 20 years, to persuade his father to let him have his photograph album of his activities during the second world war; his father wouldn't let him take it because it could get lost."

Mr Aylesbury's enthusiasm for minilabs has culminated in the installation of Konica's latest digital model, the QD21, at Bengeworth. "It can do anything," he says. "We are pretty heavily into digital now and the lab, which uses FotoStop Express as a brand, is extremely versatile. It is networked to a computer, so you can download people's files from floppy disks and CDs or - if you have a digital camera - you can plug it straight into the machine."

To improve ease of operation, the QD-21 makes use of something called tabletised chemistry in which potentially spillable processing chemicals are solidified and inserted into the machine in a cartridge. This eliminates unpleasant odours - a major disadvantage in a retail environment - as well as errors in measuring and mixing.

The machine can process and print a roll of film in under 15 minutes, and supports a range of services from package prints and enlargements, to greetings cards, calendars, ID photos

and business cards. This enables the pharmacy to offer a wide range of new value-added services based on choice, quality and on-the-spot delivery.

The flexibility offered by digital equipment is the key to profit in the pharmacy. The market is very much in image manipulation, prints from prints - and being able to do everything in house, says Mr Aylesbury.

"In terms of increasing the volume of films processed, the minilab probably hasn't done much. But the difference is in the service the customer receives. And, of course, it is significantly more profitable than doing straightforward D&P," he says.

"The average price of developing a 24-exposure film is £3 to £4. If I'm getting rid of cracks in somebody's old photographs, which have been badly stored, I could quite easily charge more. Some jobs have actually gone up to £60. Material costs are still the same, at around 30p - it's purely down to time."

Mr Aylesbury says he had encountered few problems in getting to grips with the comparatively complicated machinery quickly enough to make a profit. "Though it is fairly easy to pick up, you do need somebody who is fairly clued-up on how to use computers."

The Bengeworth pharmacy plans to set up its own web site later in the year. "I think, for pharmacies, that getting on-line has got to be a priority," he says. "You are then not tied to the High Street situation and can receive stuff straight from the internet. It is the next big area into which I will be progressing as an individual - there isn't any corporate way forward on that one."

He also believes that there are many other things pharmacists can do to improve their competitive edge in the photography market. "One thing I do is talk to those people in the town - even photographic shops - who don't have the same facilities as me, and team up with them," he explains. "A photography shop, which may have a higher customer foot-fall than I do as a



Digital photo repair, before and after, at Bengeworth Pharmacy, Evesham

chemist can do his own D&P. But the things he can't do, I can. I get quite a lot of specialist work that way."

Photography accounts for about one sixth of the pharmacy's turnover because, as Mr Aylesbury puts it, "prescription drugs are still horrendously expensive". But in terms of profit, the photograph side of the business contributes about half.

Mugging up on passports

There are opportunities for pharmacists to take advantage of the enormous growth potential in the market photos for passports and driving licences.

One company that has focused on equipment for passport 'mug-shot' production is Polaroid. The company has run a high-street passport picture business for over 12 years, based on its model 403 four-lens, hand-held camera, which simultaneously captures up to four identical passport-sized images.

But the advent of digital equipment has prompted the company to respond with an updated version, the SP350 electronic mini-portrait video photographic system.

This model has a large LCD screen, on which captured black and white or colour images can be viewed by customers before prints are produced. This saves time and money.

The camera features a zoom lens which, Polaroid claims, gives it an edge over standard photo-booths. And there is a choice of six different output options: a single, full-frame picture, or five types of multiple-image pictures. The camera can also be connected directly to a computer to store digital pictures.



Polaroid's SP350 portrait photo system

Film range is the key to strong sales

Vicki Martin, own-brand manager at UniChem, believes film "remains one of the strength areas that pharmacy has over grocers".

Although the UK film market is static at around 92 million rolls per year, volume sales of the APS format are expected to reach four million units this year, equating to a 15 per cent share of the market.

Fujifilm estimates that the APS market accounts for just over 40 per cent of compact camera sales. "The APS market continues to grow and, as consumers familiarise themselves with the technology, they begin to seek price, performance and ease of use - all of which become important factors in the buying process," said the company's product manager, Harvey Roberts.

Fujifilm is rolling out new packaging for its Nexia range of cameras. Added enticements to purchase include giving away two rolls of Nexia film, batteries and a camera case.

Own-brand products have gained a 50 per cent share of the film market, boosted by a pricing structure that means pharmacists can greatly increase their profit-on-return, in comparison with sales of leading brand films.

UniChem, for example, has put a retail price of £3.99 on its latest own-brand APS 200/25 film, compared with £4.99 for leading brands.

This difference can result in a profit on return for pharmacists of up to 48 per cent on sales of own-brand film, compared with 16.9 per cent on higher-priced products, says UniChem; a distinctly powerful incentive.

It is increasingly important for pharmacists to stock a wide range of films with different speeds, although 35mm is still the undisputed top in the UK.

The loss of light intensity, which can often occur with small camera lenses, can be compensated for by the use of modern, high-speed film.

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Pharmacists who want to develop their photographic services can plug into a fresh wave of promotions

Summer push is on

Summer sales are vital to the photographic sector, with almost half of all films sold during these months. This is also a chance to push additional services, such as extra prints and enlargements, which have higher margins.

A good PoS display can increase sales of single-use cameras, which can lead to impulse-buying and help 'lock the customer in', by their returning to have the film developed.

Link selling of film and single-use cameras with sun block and sunglasses could also be a useful approach.

There are also opportunities for pharmacists to talk about reprint and enlargement services when a customer returns processed films, so that business comes back to them. Frames, too, should be highlighted.

In competing with the multiples, independent pharmacies need to play to their strengths. They can respond quickly to the demands of the market and their customers; they can

encourage customers to trade up to services where they can demonstrate expertise such as enlargements and reprints, and offer an express service, particularly for APS film.

Agfa has introduced a targeted marketing approach, the Partner Programme, designed to help its members market their photo services. Each member receives tailored advice: help can range from signage, PoS material, promotions, loyalty schemes and ideas for fun days and customer events. There are also finance packages available to pharmacies for new equipment and upgrades.

In targeting the highly lucrative youth market, Kodak has sought to devise marketing promotions that combine fun and imagination, such as 'bundling' a single-use camera with Picture CD and then selling the package at a discount.

The CD comes pre-loaded with viewing software, allowing customers to manipulate and store pictures on a PC.

"The youth audience of today is media-literate and a great offer like this will be hard to ignore," says Juan Ramill, Kodak's brand manager for single-use cameras. Such promotions, he says, make photography relevant to youngsters by aligning photography with their major preoccupations - the PC and the internet.

"The price of the camera would be the same as you would normally pay but it is presented in a gift box with additional free products," explains Kodak's public relations manager, Clare Fleerackers.

"These include an extra film and, new this year, a frame and voucher booklet containing £16-worth of discounts to be used on films, processing orders and things like that."

Kodak is poised to launch an added-value film promotion specially for pharmacists. Offering customers a pound off special packs of its Kodak Gold 200-speed film of 24 exposures, the company is also providing pharmacists with a 20-film counter merchandiser, an A3 poster and a 'till-wobbler' in an effort to help drive up sales.

Miss Fleerackers estimates that about 35 per cent of every year's camera sales take place in December.

"Christmas is huge in terms of people buying cameras as gifts," she says. "Gift packs represent added value to the consumer and last year we completely sold out of them. They have worked very successfully so we will be repeating that again."

Though Kodak has no specific plan to aid independent pharmacists in marketing this year, Miss Fleerackers says that in addition to providing PoS items and other merchandising to raise awareness in-store, the company's approach to big-budget advertising will be enough to generate significant sales.

"Our communication is all done on a national level," she says. "We are on national TV for the Advantix F350 camera over the summer, and at Christmas."

Designed for novice users, the £39.99 F350 supersedes Kodak's F300 Auto, which was the UK's best-selling APS camera in 1999.

She estimates that more than 80 per cent of adults in the UK will repeatedly see the company's £5.2m advertising campaign this summer - and says that pharmacies should anticipate high demand for Kodak products.

To help retailers publicise the Advantix range, Kodak has produced counter and floor-standing merchandisers, holding four and 12 cameras respectively.

Eye-catching packaging is obviously a key element in the company's re-branding programme. For example, all pictures processed under the Kodak Pictures service will be returned to customers in a box containing an index print.

Obvious on-pack promotions, such as a free Picture CD with a camera, provide extra incentives to purchase; and to boost customer confidence in the range, Kodak has extended the warranty period to two years.

In D&P the company has attempted to differentiate its service from that offered by other suppliers through a re-branding exercise in March. Digitisation has become a core part of the service.

Kodak places great importance on the evolution of digital services but believes that the easiest way for consumers to reap the benefits of the format is to provide them through traditional photo-finishing channels.

Livostin™ Direct Nasal Spray and Eye Drops Product Information.

Presentations: White sterile micro-suspensions as eye drops or nasal spray containing levocabastine hydrochloride equivalent to 0.5mg/ml levocabastine. **Uses:** Selective antihistamine product indicated for the symptomatic treatment of seasonal allergic rhinitis and conjunctivitis. **Dosage and administration:** Adults and children 12 years and over. Eye drops: 1 drop per eye, twice a day, may be increased to 1 drop per eye 3 to 4 times daily. Nasal spray: 2 sprays in each nostril twice a day, may be increased to 2 sprays per nostril 3 to 4 times daily. Treatment should not be continued for more than 4 weeks in any one hayfever season. **Contra-indications:** Hypersensitivity to any of the ingredients. Patients with significant renal impairment. **Precautions:** Oral antihistamines should not be used in addition to the eye drops and the nasal spray without the advice of a doctor or pharmacist. Do not wear soft contact lenses during treatment with the eye drops. Do not exceed the stated dose. For external use only. **Eye drops storage:** store below 25°C, use within one month of opening, shake well before use. **Nasal spray storage:** store below 30°C, shake well before use. **Use in pregnancy and lactation:** Should not be used during pregnancy. May be used during lactation. **Driving and use of machinery:** Sedation rarely reported during concomitant use of the eye drops and nasal spray. Excess alcohol should be avoided. **Side Effects:** Local irritation. Eye drops: blurring of vision, eye oedema, urticaria, dyspnoea and headache. Nasal spray: headache, fatigue and somnolence. In post-marketing experience, allergic reactions have been reported for the nasal spray. **Overdose:** Unlikely following topical use. In accidental oral ingestion, supportive measures should be taken. **Legal Category:** P. **Product Licence No:** PLo242/0151 (eye drops) PLo242/0152 (nasal spray). **Package quantities/price:** Eye drops: 3ml bottle £5.75. Nasal spray: 5ml bottle £5.75. **Date of preparation:** March 2000. **Full prescribing information is available from licence holder:** Janssen-Cilag Ltd, P.O.Box 79, Saunderton, High Wycombe, Buckinghamshire, HP12 4HJ. **Distributed by:** J&J. MSE Consumer Pharmaceuticals, Enterprise House, Station Road, Loudwater, High Wycombe, Bucks HP10 9UF. **References:** 1. Palma-Carlos AG, et al. *Int J Clin Pharm Res* 1988; VIII (1): 25-30. 2. Stokes TC, Feinberg G. *Clin Exp Allergy* 1993; 23: 791-4. 3. Tomiyama S, Ohnishi M, Okuda M. *Am J Rhinology* 1993; 7(2): 85-88. 4. Frostad AB, Olsen AK. *Clin Exp Allergy* 1993; 23: 406-409.



Kodak is rolling out an added-value film promotion offering pharmacists' customers a pound off special packs of its Kodak Gold 200-speed film of 24 exposures.

Irritating Hayfever Eyes?

You can't
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On days when antihistamine tablets simply aren't enough, there's no faster relief from hayfever eyes than Livostin™ Direct Eye Drops. A single drop of the topical OTC preparation works on contact and provides measurable relief from symptoms in minutes.^{1,2}

Not only is Livostin™ Direct fast, but one dose lasts for up to 12 hours,^{3,4} making it an excellent

alternative to oral antihistamines and other topical treatments. In addition to the eye drops a nasal spray is also available to provide effective relief from nasal symptoms, and can also be used as an immediate response to symptoms.

You simply cannot recommend a faster hayfever solution than Livostin™ Direct. Works in minutes, lasts for hours.



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www.livostindirect.co.uk

Johnson & Johnson MSD
CONSUMER PHARMACEUTICALS

If you need an accountant, how do you choose one to ensure you are getting value for money? **Neil Thorogood** and **Dr Rob Pocock** report

Selecting an accountant is one of those tasks that many businessmen find difficult because they are unsure of what they require from an accountant, and confused by the range of practices and services.

Very small businesses are exempt from the requirement for auditing, but almost every pharmacy will have a turnover above the threshold.

Assuming your business needs to be audited, the accountant must be a registered auditor. The Institute of Chartered Accountants in England and Wales and the Chartered Institute of Certified Accountants can provide names of accountants in your area. If the business is unincorporated - a sole trader, partnership, or company below the audit threshold - then a registered auditor is not required.

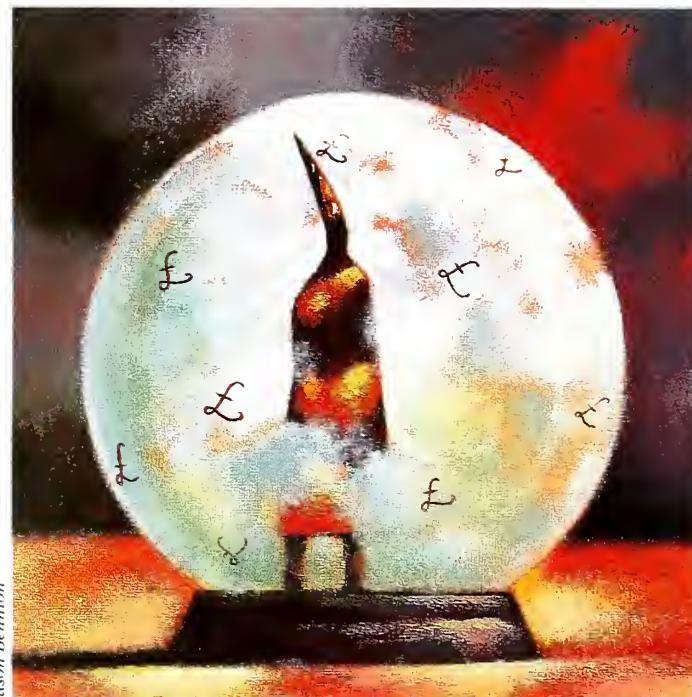
How to choose

Your accountant should have the following attributes:

- membership of one of the recognised accountancy bodies; this ensures the practice is skilled, qualified and experienced in accountancy and taxation. It is extremely unwise to select an unqualified accountant as this could lead to difficulties with statutory bodies such as the Inland Revenue and Customs and Excise
- experience in dealing with businesses in a similar business sector
- ability to provide good commercial advice. In addition to dealing with annual accounts and tax matters, a good accountant can advise on a wide range of other commercial issues, for example:

- tax planning to minimise tax liabilities
- financial analysis support so that you can evaluate opportunities
- business planning and forecasting so that your business can grow in a controlled way
- advice on systems and controls to

Finding a financial wizard



Jason Bennett

minimise costs and maximise revenue

- advice on information technology
- sources and methods of financing the business
- capable of providing other services if needed, such as payroll and book-keeping, cost effectively.

Much of the selection process will depend upon the partner that you meet from the accountancy firm. But, while that relationship is important, you have to look at the firm's personnel structure and the quality of its staff. It's unlikely to be the partner that you will have most contact with; ask to meet the other staff.

Visit the accountant's premises to gauge the quality of facilities and services. Use this to gauge how professional they are.

Fee levels vary significantly between the small and large accountancy practices. Do not necessarily go for the cheapest quotation; you may find the service is less than you expect. You have to assess the value for money. Ask prospective accountants how they would help your business improve and assess their response.

Consider any successful business associates and ask which accountants they use. Recommendation is often the best way of selecting an appropriate firm - provided that you trust the judgement of the person you're asking.

Assess effectiveness

You may already have an accountant. But have you got the best one for you? Here are some simple questions to ask yourself:

- has any of their advice actually saved you tax or improved your profitability?
- have they helped to improve your systems and enabled you to keep control of your business more easily?
- do they keep you updated with relevant information and legislation, either through correspondence or a newsletter?
- do they offer proactive advice and suggestions to improve the business, rather than simply provide answers to your questions, when asked?
- while the accounts are being finalised, do your accountants carry out any ratio analyses or discuss the performance of the business in detail?

Large or small?

There are pros and cons in choosing either a large or small firm of accountants, but the choice depends on the size and complexity of your business. In general, the larger and more complex the business the greater the necessity for a larger firm of accountants.

SMALL FIRM

Advantages

- able to provide closer partner involvement
- lower fees as a result of lower cost base
- if you are a larger chemist you will be more important to the accountant

Disadvantages

- not able to provide the range of services to its clients
- unlikely to be as up to date with the latest information and issues
- may become stretched, with a limited number of staff

LARGE FIRM

Advantages

- diversity of services on offer
- greater number of qualified and experienced staff
- up-to-date on information, issues and legislation
- greater flexibility to meet clients' needs
- profile of your business may be enhanced if associated with a larger firm of accountants

Disadvantages

- less contact with a partner
- smaller clients may not be as important
- higher fee levels because of the facilities and resources

If your business has expanded to become a small chain, you might well need a larger accounts to give the breadth of expertise required. But that doesn't have to mean going to a blue chip firm with blue chip fees. Below the top six accountancies there is a growing number of medium-sized firms that offer a wide range of services suited to small and medium sized businesses at lower fees.

Clarity is the key

To get the most out of your accountant, ensure that they are clear about the work you want them to carry out - and that fees are agreed in advance. It also means you can make sure you're getting everything you're paying for. While most accountants' work is in satisfying statutory duties such as audit and tax, a successful business can use their wider skills and services to improve profitability and overall financial management. These services include:

- support in effective working capital management to minimise borrowing and interest costs
- cost analysis and control systems to minimise costs
- using information technology to improve business performance
- business reorganisation and management techniques.

Accountants can cost you 10 per cent of your profits - but, remarkably, few businesses see this as an investment that can bring a return. So use them to improve the performance of the business, not just to produce a set of accounts. This gives you the satisfaction of getting value for money from your accountants. Used properly, your accountants will make you more money than they cost.

Neil Thorogood is a chartered accountant, financial management consultant and director of several small companies. Dr Rob Pocock is chief executive of MEL Research



You can't stop children getting head lice, so give their mums a head start in getting rid of them.

You could recommend one of our no-alcohol formulas, like Derbac M Liquid, the UK's leading head lice treatment¹, or Full Marks Liquid, both of which are ideal for young children and those with asthma or eczema.

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Only SSL International offers a complete range of modern, effective answers to the head lice problem, so make sure you give your customers a head start with Full Marks or Derbac M.



Derbac M Liquid, Full Marks Liquid & Full Marks Mousse Prescribing Information. **Indications:** For the treatment of head lice infection. **Active Ingredients:** Derbac M Liquid: Malathion 0.5% w/w. Full Marks Mousse and Liquid: Phenothrin 0.5% w/w. **Dosage and Administration:** Liquid: Sprinkle onto dry hair and rub gently into the scalp until all the hair and scalp are thoroughly moistened. Allow the hair to dry naturally and leave for at least 12 hours. Mousse: Shake can well turning it downward to dispense mousse. Apply sufficient mousse to dry hair until all the hair and scalp are thoroughly moistened. Allow the hair to dry naturally and leave for 30 minutes. Shampoo the hair as normal. Rinse and comb whilst wet to remove dead head lice and eggs. **Contraindications, Warnings, etc:** Not to be used on infants under six months of age unless under medical advice. Avoid contact with the eyes. These treatments may affect permed, bleached or coloured hair. Keep out of the reach of children. Full Marks Mousse contains alcohol which may exacerbate asthma and eczema. Full Marks Mousse is flammable so apply with care and do not use artificial heat. If inadvertently swallowed a doctor should be contacted at once. If used by a healthcare professional to treat a large number of patients, protective plastic or rubber gloves should be worn. Continued prolonged treatment with these products should be avoided. They should not be used more than once a week and for not more than three consecutive weeks. Very rarely skin irritation has been reported. Do not use these products if you are sensitive to pyrethroids. **Legal Category:** P. **Prices:** Derbac M Liquid: 50ml £3.79, 200ml £9.25. Full Marks Liquid: 50ml £3.79, 200ml £9.25. Full Marks Mousse: 50g £3.99, 150g £9.25. **Product Licence Numbers:** Derbac M Liquid: PL11314 0046. Full Marks Liquid: PL11314 0093. Full Marks Mousse: PL11314/0102. **Product Licence Holder:** Seton Products Limited, Oldham OL1 3HS. **Date of Preparation:** March 2000.

¹Independent Audit MAT January 2000. ²Full Marks Mousse has a 30 minute treatment time.



Tubton House, Oldham OL1 3HS, England
Derbac M and Full Marks are Trade Marks of the SSL group

The final countdown

As the legal tussle to keep resale price maintenance draws closer, we examine how the parties involved are preparing to fight their corners

Pharmacists may have to wait until January next year to find out whether resale price maintenance (RPM) will be retained.

The full hearing will begin on October 2, with a two week 'reading period' to give Mr Justice Lightman, the presiding judge, and the two lay panel members time to read the vast amount of evidence that has been gathered for the case. The hearing of the case will begin on the October 16 and is expected to last up to 30 days - which means a conclusion around December 2.

However, Mr Justice Lightman has other commitments until late November, and his decision may be further delayed by the Christmas break.

Work on the case has intensified significantly over the past five months as both sides gather evidence and begin to finalise the structure of their arguments. During January and February, the work focused primarily on gathering information on industry and pharmacy finances.

The Office of Fair Trading sought data on costs and margins from manufacturers on 20 products drawn from leading brands. They believed that these products were most likely to illustrate significant scope for cutting retail prices. An additional 18 products were added to the list voluntarily by companies to provide a more balanced picture of the OTC market.

After preliminary analysis of the data, the OFT sought to broaden the investigation to include costs and margins associated with all variants of



BENJI NISON

the 20 original brands. The Community Pharmacy Action Group challenged the justification, costs and resources of this, believing that the OFT was simply re-attempting to obtain the results it needed to support its arguments. Whilst the Judge did permit the OFT's request, he did so on the basis that a cost order could be issued against the OFT if the additional information proved to be of little value at the Full Hearing.

Meanwhile, over 1,000 pharmacists have provided information via a questionnaire on: turnover, split between NHS and OTC business and P and GSL business; the number of products stocked; opening hours; advice provided; delivery services;

and nearness to other pharmacies and outlets selling GSL medicines. This data will be analysed against various criteria, including ownership category, with distinctions made between supermarket pharmacies, Boots and all other pharmacies.

Lloydspharmacy and Moss, as members of the NPA, and Boots have also been asked to provide documents and information about their operation and pricing policies by the OFT.

Expert witnesses

Over the coming months, CPAG will gather evidence to prove its case and refute the OFT's claims that RPM has led to higher prices, lack of

competitiveness in the industry and undue profits. Witness statements and reports by experts will form this body of evidence.

Factual evidence will be gathered from people working in throughout the sector, including retail pharmacists and company employees. Some of these individuals will be asked to give evidence in court. CPAG will also draw on a range of leading experts who will provide the health economic, regulatory and accountancy evidence vital to CPAG's case.

Key arguments

CPAG will make a strong case that removal of RPM would be detrimental to the public interest because:

- the variety of OTC goods available for sale would be substantially reduced
- most independent retailers would not survive and many traditional pharmacies would close
- the retail prices of branded OTCs would, in general and in the long run, rise
- valuable advice, and services provided in connection with the sale of branded products, would be substantially reduced.

On the last point, in particular, CPAG will argue that traditional retail pharmacies provide advice on:

- appropriate treatment
- whether the purchase of a medicine is necessary
- efficacy and price
- reactions, interactions and contraindications
- smoking cessation
- nutrition
- advice based on long-established relationships and knowledge of particular patients and families.

The OFT is arguing that:

- the OTC market is large and growing
- within both high and low volume areas there are often powerful leading brands with high market shares, which tend to be intensively advertised
- both manufacturers/suppliers and retailers derive, individually and collectively, an unjustified benefit in higher prices and margins as a result of RPM - and at the public's expense
- maintenance of RPM results in reduced innovation of the retailing of

OTCs, to the disadvantage of the general public.

The OFT say the consequences of removing RPM would be reduced prices and increased intensity in inter-brand competition.

Final steps

Sheila Kelly, PAGB's executive director, says it had no idea how

much work would be involved when it started this case four and a half years ago. "At the last count, over 150 lever-arch files of information had been gathered from industry. Despite this relentless demand, and the associated time and resource it has required from company senior managers,

the industry remains totally committed to CPAG and the case," she says.

David Sharpe, CPAG's chairman, says: "What thrills me most is that for nearly five years every facet of pharmacy has been united on this issue. I have chaired and sat through countless meetings, with unanimity being far and away the most frequent conclusion."

John D'Arcy, chairman of the National Pharmaceutical Association, says the court case represents the final step in a campaign which is all about the value of community pharmacy and the services they offer. "It has to be in the best public interest to have ready and easy access to a wide range of medicines and a widespread pharmacy network. This is what we are trying to protect - and this is why it is so important that we win," he says.

RPM timetable

DEADLINE	DESCRIPTION
May 12 - June	Statements of fact to be submitted by witnesses
June 30	CPAG and OFT accountants to produce reports on data collected
July 14	Exchange of witness statements of fact
July 28	Accountants to finalise joint report
August 11	Exchange of expert reports
September 1	Trial evidence-bundles assembled
September 29	Counsel's skeleton arguments
October 2	Court begins two-week reading period
October 16	Hearing begins; expected to last 30 days

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DTC promotion possible, but only if benefits are clear

The European Commission looks as if it might take a tougher line on direct-to-consumer (DTC) advertising of prescription drugs than manufacturers might have expected. Following the relaxation of advertising restrictions in the US in 1997, manufacturers have been preparing the ground for similar moves within the European Union.

Dr Philippe Brunet, who took over as head of the EC's pharmaceuticals and cosmetics unit from Patrick Deboyer last year, said manufacturers are going to have to prove that there are benefits from putting information directly to consumers. He cited an example from the US, where HIV patients had been made aware of new treatments for AIDS more rapidly than they might otherwise have been.

"The European Commission has not made any decision yet on this issue, but we have to recognise there are many implications from DTC," he said. "In the US, sales of specific drugs have dramatically increased. We need to be pragmatic. There is a stringent legal framework which is becoming more difficult to enforce. We have an opportunity to review the current framework - but we need to be convinced that there is a proven benefit [from DTC promotion]."

Fernand Sauer, director of the European Medicines Evaluation Agency, suggested that DTC might not be in the interests of ethical manufacturers: there were budgetary implications for national health services and advertising products may generate a demand which sees them being disqualified from health service reimbursement.

"We need to recognise that patients have a right to search the internet, but there should not be any solicitation or junk mail sent to consumers," he said.



Dr Philippe Brunet: "There are many implications from DTC ... we need to be pragmatic"

OTC sales across Europe are puzzling the industry by not growing as fast as social and economic indicators suggest they should. The European Proprietary Association (AESGP) has tackled the issue head-on

OTC industry 'paralysed' as sales fail to accelerate

Growth in OTC medicine sales was modest at best last year, and senior managers fear the industry is missing opportunities when evidence clearly suggests there should be increasing demand for self-medication.

"We seem to be paralysed. We all appear to be loosing out on an opportunity for positive change, but probably the biggest loser is the consumer," suggested John Ball, chair of the AESGP's economic affairs committee. "Given the consumer's increasingly powerful position, I have to believe that somehow, collectively, we are not meeting their needs or expectations. Otherwise we would be seeing a more positive reaction in the market place."

He said it was popular to talk about consumer empowerment. "There were signs that consumers have been gearing up to this for some time, but in the dot-com world they are getting a real taste. The 'I am the expert and know what's best for you' regime, where the supplier is king, is over."

"Couple this mass of internet health information with direct-to-consumer advertising and you begin to realise just how empowered the consumer is becoming. In 1998 over \$1.5 billion was spent in the US on DTC. In Europe pharmaceutical companies are preparing the case to put to regulators to allow it to happen here," said Mr Ball. Speed and convenience also remained key issues.

But better informed customers and limited health care resources have not combined to generate bigger demand for self-medication. "Why has the OTC industry seen only modest volume growth?" asked Mr Ball. "Why has there only been a modest increase in the

level of significant indications and switches in the last couple of years? Why is OTC still not being positively communicated by doctors?"

OTC product manufacturers need to focus more on consumer education - not just on advertising - and find ways to use the internet. "While the market is skewed to national products, the internet demands a more consistent image and branding," he said.

This means a big cut in the barriers in the EU authorisation system, a wider ability to use consistent brand and trademark names across borders, and a surge in switch activity. If DTC takes off in Europe, "from the consumer perspective, the lines between Rx and OTC will begin to blur".



John Ball: "The 'I am the expert and know what's best for you' regime, where the supplier is king, is over"

The seven aims of the European OTC industry

- Health education and information is top of the list of OTC industry priorities, since generally better health is not possible without more individual responsibility. Increasingly, campaigns to promote responsible self-medication are being co-funded by public institutions.
- Demonstrating the economic and social value of self-medication, thereby moving health policy from passive acceptance to positively encouragement of responsible self-medication.
- Influencing GPs and other health professionals. A joint position on self-medication has been agreed with European Union medical bodies. Co-operation with the EU Pharmacy Group has grown over the past nine months, with projects looking at ways to convey the benefits of OTC medicines and the value pharmacists can provide.
- An extension of the centralised licensing procedure for certain non-prescription medicines; an effective mutual recognition system; and a new category for 'traditional' medicines.
- 'PoM to P' switches remain key objectives, particularly for indications covering long-term illnesses based on an initial diagnosis by a doctor.
- Retention of the same trade name for a switched product, and the form remaining available on prescription: this is seen as a crucial to the success of switched products in the OTC market.
- Development of a legal framework for food supplements. The proposals tabled a fortnight ago by the EU are broadly in line with the industry's wishes.

Doctors warn against 'virtual' healthcare via the internet

A call for the rapid development and enforcement of national and European directives on the e-commerce of drugs has been made by Claudio Cricelli, president of the European Union of General Practitioners.

He was critical of the apparent aim of many stakeholders in healthcare - including governments, patient associations and the industry - to set up a

separate 'virtual' healthcare system. He said they saw teleconsultation as an ideal way forward and considered the doctor-patient relationship more of a limitation than an advantage to the health of patients.

The self-medication industry was also guilty of undermining established medical rules by encouraging patients to self-treat - which could lead to

reduced clinical responsibility: "Can doctors still share responsibility for the unforeseen, and unpleasant, consequences of self-care?"

"We oppose the extensive deregulation proposed by some stakeholders and propose a more cautious approach - a balanced growth of self-medication, in agreement with medical professionals, must be promoted."

Challenges posed by informed customers

In the old days GPs gave orders and patients took their medicine. Not anymore, according to Colin Bradley, professor of general practice at University College, Cork. The traditional doctor-patient relationship, perpetuated by legislation such as the Medicines Act in the UK, is falling apart.

Today's informed consumers have access to health information - and the education to interpret it he said. They are less trusting of the professions and self-regulation. They want increased transparency and accountability. And these "irresistible trends" have been accelerated by internet use.

'POM to P' switches mean that doctors have less control over patient access to medicines. Acute, self-limiting illnesses are increasingly being treated by health professionals other than a doctor. These include pharmacists, nurses and organisations including NHS Direct. None of this, said Prof Bradley, has produced the doom and gloom scenarios predicted by the medical profession.

In chronic illness patients are showing increasing self-reliance and are demanding to be involved in treatment decisions. Doctors will only remain relevant if they can provide added value, he said. The shift of treatment into the primary care sector has forced GPs to delegate - and the bad news for pharmacists is that doctors and patients seem to prefer nurses as the delegated professional.

But if pharmacists no longer control access to advice on medicines, what added value can they offer? Prof Bradley suggested they could help manage the information overload on consumers by judging the quality of information and interpreting it.

The new situation is problematic: there are inevitable inaccuracies with self-diagnosis, and pressures on health-care funding restrict patient choice. So-called 'lifestyle drugs' such as Viagra have yet to find a place, and have blurred the line between health problems and lifestyle choices.



Prof Bradley: "What added value can pharmacists offer?"

IN BRIEF

Next year, in Rome, the talk will be of deregulation

The next annual meeting of the AESGP will be in Rome from June 6-9, 2001. The incoming Association president, Dr Alessandro Banchi (chairman of Assosalute-Federchimica, the Italian equivalent of the PAGB), emphasised that the European Commission is planning to review pharmaceutical legislation for the first time in ten years and has encouraged OTC companies to get involved. The AESGP's proposals were set out in a January in 'Deregulation 2001: the Future of Medicine Regulation in Europe'. More details via: www.aesgp.be.

New OTC publication explains legal frameworks

The latest edition of the AESGP's 'Economic and Legal framework for Non-prescription Medicines', describing OTC markets in 25 European and six other major OTC markets, has just been published.

Swiss launch internet site to boost self-medication

A health information and product supply internet site, in which pharmacies and health insurance companies are joint partners, has been developed in Switzerland. It aims to become the country's leading information source on self-medication, with a 24-hour seven-day-a-week telephone advice line. The site, www.wellshop.ch, has the support of OTC manufacturers and Swiss pharmacy and drugstore associations. It was tested in March; quality standards are currently being monitored.

Information overload in adverts inhibits recall

The fewer "information items" given in print advertisements for medicines, the better the consumer recall, says Hans Kepplinger, a professor of communication at the University of Mainz. Adverts with five or fewer "info items" were recalled by 25-30 per cent of consumers. But the figure fell to under 5 per cent when the number of items became greater than 15.

Finnish experience has a familiar ring to it...

Finnish pharmacists face the same criticisms as their UK counterparts. A survey reveals that consumers were given accurate information, but they had to ask for it. An information programme was launched in pharmacies and health minister Maija Perho said: "We want to give pharmacies the tools to develop their medical advisory services." A database has been integrated into an IT-linked dispensing system.

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Further information available on request from: Customer Services, Glaxo Wellcome UK Limited, Stockley Park West, Uxbridge, Middlesex, UB11 1BT. Legal Category: P.

Clarity as boundaries become blurred

Digby Emson, Boots' pharmacy superintendent, offers some ideas on patient empowerment and the place of community pharmacy in meeting consumer needs. The following is an extract of a talk he gave at a seminar on 'consumer sovereignty' in London on May 17



The main aim for all health professionals must be to improve outcomes for consumers and patients.

By working together more effectively and focussing on consumer needs, we can bring about further improvements in health care standards and the public's health.

My views are a response to the Prime Minister's recent challenges to the health sector, and a contribution to the modernisation action-teams that are developing a national plan for the NHS.

If I had to select one of the Prime Minister's priorities for special attention it would be the fourth, on empowerment and access - enabling consumers to get what they want from care providers, and to become better at looking after their own health.

Informed self-care, managed by empowered consumers, is vital for optimal healthcare provision. And a key challenge for all health professions is to unite in the way we regulate ourselves - not as separate groups accountable only to ourselves, but accountable to the community and the people we serve.

Functional boundaries will blur. But if we fail to recognise strengths that

are worth preserving, we risk losing more than we gain. We need to build on the past, not destroy it altogether.

In the long-term funding of the NHS, there is a pressing need for effective public/private partnerships.

If public expectations across the entire range of health sector needs are to be well satisfied, there is a clear case for complementary use of services funded from the public purse and private services.

Pioneering example

Strengthened public/private partnerships may well encounter ideological resistance, even in these modernising times. But if we want the NHS to deliver better services from finite resources there is a strong pragmatic case for creating and developing new partnerships which maximise the benefits for all of us - both as NHS patients and as normal private customers.

Throughout the life of the NHS, community pharmacy and other parts of the independent contractor system have provided a pioneering example of this sort of integration.

Key areas include how we set standards and measure the gains achieved in the health sector, as well as the

structure of remuneration systems and the use of information technology. The latter is at the heart of creating new models of consumer sovereignty, as well as improving the performance and productivity of established care providers.

I am confident community pharmacy will be able to continue offering medicines safely and cost effectively, while building in fresh local and national incentives for extended pharmaceutical care. There are clearly opportunities - such as pharmacist prescribing - to free doctors and practice nurses to perform other tasks.

Developing a fully accessible, patient controlled, IT-based health records system would provide an important opportunity for transforming healthcare delivery.

Giving patients more direct authority over their own electronic medical records is fundamental to modernisation. I strongly believe that patients should be able to decide who sees their medication and other records, and who uses them to provide optimal access to treatment - where and when the patient chooses.

Continued on P38 →

Taking partnership route

Leading the discussion after Mr Emson's address, David Hunter, professor of health policy and management at the University of Durham, agreed there was considerable scope for developing public/private partnerships. But he warned of the "creeping privatisation" of the NHS. There was a risk that public sector values might be eroded as private providers sought a larger share - and even challenged the public funding monopoly.

"The NHS could be hollowed out from within," he said. An open, honest debate was needed to find common ground, with more evidence that public/private partnerships were in the interests of all stakeholders in healthcare - particularly the users.

There was tension between the collectivist and the individualist ethos, he added. Public services were supplied after assessing collective needs rather than individual demands, and were often based on rationing and choosing priorities.

In empowering patients, the doctor/patient relationship might need to be redefined; or there could be some other intermediary between the patient and the healthcare system. One role for professionals was to help patients interpret the increasing amount of medical information accessible on the internet. "Whether patients are better informed by all this information is questionable," said Prof Hunter, who concluded with a plea for evidence-based policy to complement evidence-based medicine. "Some areas of primary care and public/private partnerships are entering into uncharted areas without proper evaluation," he said.

Dr David Colin-Thomé, co-director of

primary care, NHS Executive, London, said there was a need to challenge the appropriateness of clinical practice. "Much of what we do is inappropriate," he said. Abandoning such practices would release money for better use elsewhere, and minimise potentially harmful interventions. There should be a shift away from the narrow idea of patients consuming more biomedical treatments, and into wider aspects of care. He thought public/private partnerships offered exciting prospects for developing primary care, but he would want to keep the NHS free at the point of use - and paid for out of taxation: "Maybe in the past we've been obsessed with the nationalised model. Perhaps we need to be more flexible."

Other speakers cautioned about shared medical records: if a patient saw several clinicians, their decision-making might be influenced by the previous doctor's views.



Prof Mike Farrar, head of primary care at the NHS Executive, chaired the seminar

DON'T LET HIS ANTIHISTAMINE AFFECT HIS DRIVING



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Options available include the internet or patient-held smart cards. Sadly, NHS strategies in this area have not succeeded as well as hoped, and there is a danger that we will continue not to take full advantage of what seems the biggest single opportunity we have for transforming service delivery.

A centrally-held computer database could be accessed, on the patient's authority, from the surgery, hospital, pharmacy or NHS walk-in centre; or by any other properly qualified and accountable person. The information available should be sufficient to understand the patient's medical history and current treatments. The flip-side for health professionals would be having to update the record whenever a consultation, test or treatment takes place.

From a pharmaceutical care perspective the potential benefits of being able to receive electronic prescriptions from GPs, check against previous medication and contra-indications, and give the patient informed advice are significant. But the major benefit will be to patients, who will be able to access healthcare more conveniently through a range of different gateways - and be sure their treatment is likely to lead to the most favourable outcome.

There are important confidentiality issues to be resolved. But we must not let these concerns - however legitimate - stand in the way of the public interest or cause the NHS to squander scarce resources on approaches that are needlessly complex and costly, and cannot deliver a full range of options.

Professionalism

Finding ways of working together with greater flexibility is central to quality management in healthcare. Its achievement must depend on creating new incentives and dealing with anxieties about status, career prospects and loss of traditional controls over who does what.

The community pharmacist, doctor or nurse will increasingly be complemented by individuals with a pharmacy, medical or nursing background who have specialist skills.

An extended role for pharmacy in repeat medicines supply and medicines management will enable the profession to apply and enhance its expertise in providing comprehensive pharmaceutical care.

But the challenge for pharmacy will be to support extended roles for community nurses in, for example, prescribing for people with chronic illnesses. Forming new, positive partnerships that exploit the complementary skills of nursing and pharmacy will be a crucial test.

I would warn against undermining the network of community pharmacies - which would certainly happen if the core NHS medicines supply process was relocated into primary care practice or other Trust settings. High-street pharmacies already provide the communities they serve with good value for money.

There are many opportunities for co-operation between pharmacy and general medical practice, without compromising the independent status that enables pharmacy to act as a check and balance.

Losing community pharmacy's contribution to the management of self-limiting illnesses could create heavy extra burdens for GPs and practice nurses.

New models for NHS medicines supply may emerge. But we should be careful of imposing potentially destructive changes without adequate consultation - or clear consideration of what we are ultimately aiming to build. New technologies enable us to work in constant communication with each other, wherever we are physically sited.

Patient care

The quality of patient/pharmacist communication will become increasingly important as advances in genomics and IT transform health care in 'near-patient' diagnostic testing and disease prevention.

There are lessons to be learned from the way NHS Direct was introduced. It would have supported primary care more effectively by encouraging greater participation of existing NHS resources, rather than setting up as a rival brand.

Pharmacy has the potential to be far more than a 'fourth disposition'. NHS Direct computer programmes, or something similar, could be in every pharmacy to supplement professional consultations and facilitate links with other providers.

There is little evidence that telephone line services alone - useful though they are - can substitute for the face-to-face personal care and support that people obtain from both pharmacies and general practice: sometimes modernising what exists has advantages over creating something new.

Access to information on the internet is clearly going to have a massive impact on consumers' understanding of their own conditions, and treatments available. Inevitably, this will be accompanied increasingly by on-line medicine ordering and direct supply.

As well as being empowered, patients need to be protected and it is important that adequate controls are put in place over the quality of advice given on the net. Unreliable or misleading information will simply create a whole new set of problems for patients and service providers alike.

Prevention

Boots has plans for national implementation of a smoking cessation scheme that has been tested in health action zone pilots. The Prochange Smoking Cessation programme, based on the Prochaska and Di Clementi model of behavioural change, can substantially increase the success rate of people who want to give up smoking. This kind of IT-based support system may have the potential to act as a model for pharmaceutical care and disease management in a number of areas.

Other service innovations relevant to community pharmacy include:

- inner city regeneration projects and programmes designed to protect and improve local shopping and other facilities. This is a natural bridging point between health and wider community development
- illicit drug user support programmes
- unwanted pregnancy reduction programmes, with nationwide emergency hormonal contraception supply through community pharmacies
- privately purchased immunisation against conditions such as influenza, in ways which complement rather than conflict with NHS vaccination
- linked risk-factor screening and tar-



geted disease management and patient empowerment programmes.

Pharmacy could do far more to help people monitor potential health risks, and in ways which enable them to take more control of their lives and their preventive care.

Control over NHS or privately-funded screening programmes does not have to be confined to medically controlled practices.

NEWS EXTRA

EHC and the ethical minefield

The Pharmacy Law & Ethics Association continued the law and ethics debate surrounding emergency hormonal contraception in Manchester last week

There are three potential routes for supplying emergency hormonal contraception through community pharmacies under current legislation.

These are:

- supply via patient group directions or protocols under Sections 55 and 58 of the Medicines Act 1968
- reclassification of EHC as Prescription Only Medicine (exemption) or a 'P+' product under Section 58(4) of the Act
- reclassification of EHC as a Pharmacy (P) medicine.

Pharmacist and barrister, Mark McConochie, considered the merits of the three possibilities.

But as a legal adviser at the Royal Pharmaceutical Society, he stressed he

was not advocating any specific route.

The first route, under group protocols, is based on interpretation of Section 55(1), which allows POM supply in a hospital or health centre in accordance with the written direction of a doctor or dentist. The POM Order provides a relaxation of the need for a prescription in this case.

The definition of a hospital includes a clinic, so some may argue that a pharmacy clinic could come under this if a special area of the pharmacy can be identified, said Mr McConochie. The Society's view is that there should be distinct, separate space purely to provide a service. This would mean having

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Take Advantage for a virtual way to profits

Norton Advantage explains how its new web browser offers a virtual solution to help pharmacists maximise profits

Increasingly, community pharmacists are in the vanguard of the NHS reforms. Many now help primary care groups decide their formularies and encourage cost-effective prescribing. There is also an increasing trend for GPs and NHS Direct to refer patients to pharmacists for advice and medication.

Clearly, this is good news for the NHS, pharmacists and, most importantly, patients. However, pharmacists are unique among primary health providers – they need to make a profit as well as improve health outcomes.

As the demand on your time grows, you need all the help you can get to maximise your profit. Sometimes even a relatively simple advance can make a big difference to your bottom line. The Norton Advantage web browser can certainly make your life a little easier.

No pharmacist would want to miss a bonus threshold for the sake of making a slightly larger order. However, tracking your purchases is both time-consuming and difficult and you don't want to over-order. On the other hand, you do want to obtain the best discounts.

Real time information

The Norton Advantage web browser enables Norton Healthcare representatives to analyse real-time information about your account in unprecedented detail and provides a solution to a host of problems, instantly. By helping you with some of your routine issues, it can help you to maximise your profits and optimise your clinical role.

So how can a simple web browser offer so much? Essentially, the Norton Advantage web browser is a gateway to a secure intranet connecting your Norton Healthcare representative to Norton's head office mainframe via a laptop. This gateway allows Norton representatives to access a wealth of information, including up-to-date



reports on your Advantage account.

"The web browser allows the customer to examine most of their transactions in considerably greater detail than the conventional statement," explains Phillip Potter, a Norton Healthcare representative, who has used the system for several months. "Pharmacists can interrogate their Advantage invoices on-line to see products purchased, unit and total credit values, and so on. It also offers real time credit balances.

"The Advantage web browser also allows us to resolve some queries without even leaving the pharmacy. In the past, it might have taken several days before we were able to respond to a pharmacist's enquiry. There is a free text option which allows us, or the pharmacist, to e-mail questions or comments to head office."

Secondly, the Advantage web browser allows immediate access to current and historic line-and-spend information. A summary shows total spend and total number of lines for the current month, as well as that for the previous six months. This summary information is then broken down, by product, to show total number of packs, by month, over the

same period. The information, as with all the data that the web browser accesses, is updated as soon as data is received from Norton Advantage participating wholesalers.

"In the past, we have had difficulty in monitoring how close customers were to the next line-and-spend threshold. They could sometimes miss it by a few lines," says Ivan Clark, a Norton Healthcare representative. "Now we can show our customers how much more they have to order to move into the next band." And that could make a big difference to profits.

The web browser can also offer an additional degree of financial certainty when ordering in bulk. "For example, if we're running a seasonal promotion, some pharmacists may worry that buying in bulk may mean that they're left with unsold stock," Ivan says. "However, we are now able to offer the reassurance that, last year, they moved the same quantity of stock before the end of the season."

Thirdly, Norton's Advantage web browser gives visibility of group account details at the click of a mouse button. "If pharmacies are part of a purchasing group, we can

now tell which branch uses how much of each product," says Ivan.

"Again, this helps us ensure that our customers don't miss out on line-and-spend thresholds. Sorting this out before we had the new web browser meant that the lead pharmacist or Norton representative had to work through a mound of paperwork."

The Norton Advantage web browser can also help the increasing number of community pharmacists who influence PCGs' formulary and purchasing decisions. For example, Ivan explains that the browser allows Norton representatives to provide information on product usage, and this can help pharmacists make more of an impact on increasingly stretched primary care drug budgets.

By helping with routine issues, the Norton Advantage web browser can help you maximise your profits and optimise your clinical role

"Norton Healthcare has always been in the forefront of computer technology. And the new web browser offers a platform from which we can launch different IT initiatives. It's a first step towards greater things."

Obviously, the new web browser is not a total solution. However, it can make your life a little easier - which is good news for the NHS, your profits and, most importantly, your patients.

For further information about Norton Advantage please call the dedicated Advantage Telesales Team on freephone 0800 697311.

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a separate set of stock as well - which may be a bit idealistic.

Hence, it may be possible to sell, offer for sale or supply EHC from a pharmacy clinic in accordance with the written directions of a doctor or dentist, he suggested. But the meaning of "written directions" is not specified in the Act, so it is ambiguous as to whether they have to be patient-specific or could allow blanket supply to a group of patients.

Nurses have used patient group directions to give medicines for several years, and for several reasons:

- it gives timely access
- patients do not have to wait to see a doctor
- it makes appropriate use of professional skills
- it helps reduce costs.

However, as this has not yet been formalised, there is inconsistency through the NHS - and concern about legality: the written direction requirements have not been tested under Section 55, "so we are left in a position of uncertainty".

The Society's former view was that the directions should be patient-specific, as patient-specific care was best. Since then, the Crown Review has recommended that group protocols should be used - but in the exception rather than the norm, and it also called for clarification.

Most recently, MLX 260 is consulting on the issue. Among its recommendations are:

- to modify Sect 55 to allow blanket patient supply
- to increase the number of bodies through which medicines can be supplied under a group protocol
- to name the individuals (professions) who can supply
- to give certain criteria to make supply lawful.

Mr McConochie outlined some of the drawbacks of this supply route:

- ultimately, the prescriber will remain as the doctor who draws up the protocol
- it does not pave the way for prescribing rights for pharmacies
- there are wider liability issues, such as negligence to be considered.

"It is not safe to rest on your laurels just by looking at section 55," he said; people would have to consider whether they were discharging their duty of care properly.

And although only the RPSGB or the Department of Health would be able to act on an infringement of Section 55, a member of the public could take out a private prosecution or sue for negligence.

The POM exemption or P+ route is possible under the Medicines Act as it is drafted now.



Supply would be possible providing certain conditions were met. For example, ophthalmic opticians may supply certain POMs in an emergency. The third route, reclassification as a P medicine, is also possible, but the question then is: how long would it be before it went GSL?

In both these methods, contact between the GP and pharmacist is reduced. There is also an issue of charges: who would pay? And the P option also does not necessarily support pharmacist prescribing.

Rights and ethics

The Human Rights Act 1998 could have some bearing on the way emergency hormonal contraception is supplied, suggested Prof Jean McHale, of the Faculty of Law, University of Leicester.

The Act comes into force in October and will allow judges to see if UK law is incompatible with the European Convention on Human Rights. Prof McHale suggested the convention could effect EHC and sexual health in general, in the areas of the right to privacy, the right to health and the right to life.

There were other key questions: to what extent can women demand wider access to contraception, and how far does a person's right to privacy go?

Prof McHale said there was a need for speed in the provision of EHC, but a doctor may not be the fastest option, and the family planning clinic may be closed. Some would argue that there may not be sufficient access for a certain sector of society - but could the courts direct the NHS to allow this?

The issue of whether a human embryo has a right to life is likely to be dealt with by the courts. At the moment, the embryo/foetus has no independent legal personality in English law. However, legislation only allows research on embryos up to 14 days old.

There may also be compliance issues with the Abortion Act 1967, which sets implantation of the embryo as the crucial time. However, as EHC needs to be given within the first 72 hours after intercourse, it is not a significant problem.

What is more likely is the challenge to the rights of foetuses. Prof McHale anticipates that a vast number of legal groups will be set up to lobby for parts of the Human Rights Convention to be tested under the Act. As well as defending the foetus, groups may be set up to challenge *in vitro* fertilisation, post code prescribing or euthanasia, she suggested.

And for the pharmacist who may object to supplying EHC, the Code of

Ethics permits a pharmacist not to supply, but requires them to redirect a patient to a pharmacy where she may obtain the service. Currently, there are only two legally protected conscience clauses - relating to abortion and embryo fertilisation. But the new law could allow pharmacists to challenge the professional requirement to refer a patient.

Tied up with this is the need to consider what constitutes conscientious objection. Would a health professional be able to use this excuse to not supply EHC a second time to a woman, purely to teach her a lesson?

Confidentiality may be a big issue. How can the right to privacy be assured in the pharmacy? For example, a pharmacist or pharmacy staff may divulge the identity of a user of EHC.

Age is an issue. Minors who are competent - that is, who can understand the implications of hormonal contraception - may demand access to EHC. But Article 8 of the Convention refers to the rights for family life. This may be used to hold back access for abortion to minors. For example, in Scotland, the age of legal competence is 12 years.

Priority areas

A workshop session brainstormed potential problems that may be associated with the availability of EHC through the pharmacy.

Once a problem has been anticipated it would be possible to start planning a strategy to deal with them. Problems were rated for both the probability of occurrence and the potential seriousness of their impact.

The following problems were anticipated as being the most likely to occur with the most serious impact:

- bad press
- demand for EHC by girls under 16 years
- confidentiality
- increased access via the internet
- pro-life protests.

Other problems identified as carrying a medium risk included:

- liability if the product is misused and a pregnancy results
- conflicts between the pharmacy contractor and the employee or locum pharmacist
- EHC being used as the regular form of contraception
- a possible increase in male violence towards women, and date rapes, by knowing the morning-after pill was available
- would protocols allow supply to males asking for EHC for their partner?
- if the product gets bad publicity, could this have an effect on community pharmacy as a whole?
- will pharmacy assistants deal appropriately with requests using WWHAM?
- P supply means no records are kept.

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Alliance Unichem in deal with Rx.com

Alliance UniChem has signed a deal with Texas-based Rx.com, which runs online pharmacy/healthcare portals in the US and Latin America, to help the European group expand its internet activities.

Under the deal AU will acquire the rights to operate, outside the Americas, the software Rx.com uses to run its operations. This software includes material to manage orders and design web pages, and will be integrated with the software AU is developing as part of its European business-to-business internet strategy.

AU will also acquire the European rights to Rx.com's healthcare content brand name and other intellectual property. Some of Rx.com's managers will be transferred temporarily to Europe to work with AU's internet teams.

AU recently set up a division to run its e-business ventures, which will include an online healthcare information service for consumers that will be linked to its pharmacy customers (C&D March 25, p32).

UniChem's Counter Directory will show, for the first time, which are the fastest selling items. The service, starting in June, uses Moss and UniChem's sales data and highlights two product categories: core listings, which will suggest a standard range of pharmacy items which UniChem believes all pharmacies should stock; and business builders, which includes lines which pharmacists may want to stock to suit local needs.

Nucare issues shares to raise £9m

Nucare plans to raise £9 million excluding expenses by issuing 18,000,000 shares at 50p per share - its share prospectus was sent out to prospective investors this week.

Assuming the offer is fully subscribed, Nucare expects to raise around £8.8 million net.

Investors must apply for a minimum of 10,000 shares and in multiples of 5,000 afterwards. The offer will close on June 30.

The buying group's directors - there are five, including managing director Veni Harania - have undertaken to subscribe for 300,000 shares each.

Nucare said it needed to raise a minimum of £2.5 million to give itself enough working capital. If the offer is oversubscribed the group may give preference to its members.

The money raised will be ploughed back into the group to fund a variety of activities, such as marketing cam-

Boots to open 44 dental practices



Boots could be running 50 dental care practices by May next year, making it the UK's second biggest dental body corporate

Boots Dentalcare (BDC) is investing £20 million to open another 44 dental care practices across the UK.

The practices will be opened in the company's current financial year, which runs until next March, and will be located within Boots the Chemists stores.

Boots would then become the UK's second biggest dental body corporate (DBC), according to the British Dental Association. The biggest is Integrated Dental Holdings, which is an exclusively dental company. Under the Dentists' Act, a company needs to own a DBC before it can open a dental practice - the UK has 27 DBCs.

Boots said the roll-out reflected the success of its six trial practices which

were opened last May in the Home Counties. Over 400 patients registered in the first week. A year later 13,000 patients are attending the practices and patient registration is said to be well ahead of forecasts.

Peter Smith, managing director of Boots' healthcare services, said: "BDC has some major advantages in dentistry with the speed at which we can grow and our ability to invest in state-of-the-art practices, equipment and profession teams to meet our patients' needs. And we are looking at a range of options as to how we can grow the business even faster."

According to the BDA, Boots is the only pharmacy to own a DBC.

Mawdsleys gives away prizes worth £7,000

Pharmacists won prizes worth £7,000 at Mawdsley-Brooks' trade show, which was held at Granada studio's Baker Street film set on May 21.

Rakesh Aggarwal, from Smethwick-based R K Chemist, won a £1,500 Lunn Poly holiday voucher; while Mohammed Siddique, from M Siddique Pharmacy in Bradford, won a £1,000 voucher to buy equipment from PC World.

David Turner from Moxons Pharmacy in Liverpool, Jim Latona from the Royal Lancaster Infirmary and Maureen Smith from Gordons Chemist won a mountain bike each.

Other prizes included a day's racing in Formula Ford single seater cars. Vicki Taylor from the Co-op in Marple, and Esther Yusefi from Charles Charnley Pharmacy; and a spell in a hot air balloon, which was won by Colin McGovern from Whitworth Chemist and Patricia Ambler from Harvey and Richardson.

Philip Bradley, Mawdsleys' marketing director, said 1,500 people attended the event which features 50 supplier stands.



(l-r) Ian Brownlee, Mawdsleys' managing director, Jim Latona with his newly-won mountain bike, and Rakesh Aggarwal

Kirit Patel joins Small Business Council

Kirit Patel, chief executive of Day Lewis pharmacy chain, has become a member of the Small Business Council, a new public body that will advise the Government about the needs of small businesses.

Mr Patel is the only pharmacist on the council, which has 19 other members drawn from other fields ranging from IT to manufacturing.

SBC will advise David Irwin, chief executive of the Small Business Service, and will report at least once a

year to Stephen Byers, secretary of state for trade and industry.

The council's members will initially keep their posts for two years, although they may be able to extend their tenure.

Patricia Hewitt, small business and e-commerce minister, said the SBC reflected the changing face of British business. "I am particularly pleased this is a Council of active entrepreneurs; people who understand the issues facing small businesses today."

welcome to the future of pharmacy

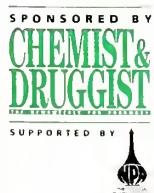


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Duran to open new outlet and seeks link with multiple

Duran Drive-Thru Pharmacy will be opening another outlet in West Bromwich in the autumn, but admits it needs an alliance with a pharmacy multiple to expand further.

Gurd Chahal, who created the concept, has acquired a former Lloydspharmacy store in the town's High Street, and an 11,000ft² Brewbaker supermarket site across the road. The pharmacy contract will be transferred to the supermarket site, while the Lloydspharmacy outlet could be relaunched as a herbal store.

The new site is at the junction of the High Street and the busy Black Country route. It is only one mile from the M5 junction and, according to Mr Chahal, receives far more traffic than his established drive-thru outlet in Norton Canes, Staffordshire.

Finding a new site, he added, was difficult because he had to persuade local planners that the proposed new store will not take trade away from the town centre. He has visited 600 sites since he launched the first Duran Drive-Thru five years ago.

Mr Chahal will invest around £1.6 million to turn the Brewbaker site into a pharmacy whose services will be wider than the original drive-thru concept. It will have up to 15 staff.

He will devote 6,000ft² to the pharmacy, which will include four rooms for other healthcare services, such as warfarin and chiropody.

His main wholesaler is AAH Pharmaceuticals, whose professional



Gurd Chahal, Duran Drive-Thru's senior partner

services manager, Mandeep Mudhar, is working on a template for Duran on how to outsource healthcare services. That template could be adopted by other independent pharmacists.

"We're looking at the hub of what the pharmacist's role is - and extending it outwards," said Mr Chahal. "We'll be looking at other ideas, but first we'll want to get feedback about what our customers want."

The remaining 5,000ft² space, for example, could be turned into a "health and wellbeing gym".

The new site will have a large car park, half of which will be linked to a walkway for customers who prefer to walk into the pharmacy. The other half will be for those who prefer to use the drive-thru service.

Mr Chahal said he would want to employ both retail-minded pharmacists and those who are involved with Primary Care Groups.

The company could, in the longer

term, set up an online pharmacy service.

While Mr Chahal wants to expand the company, he believes it lacks the infrastructure to do so and he is therefore seeking an alliance with a large pharmacy multiple.

Boots the Chemists, he said, tried to acquire the company two years ago but he refused. Mr Chahal claims Duran is the only European pharmacy to run a drive-thru service, although the concept is well established in the US and Australia.

"Over the next three years there will be many opportunities [to acquire appropriate sites] because pharmacies are changing - and a lot of pharmacists may decide to leave the system," he said.

At least 10 per cent of all pharmacy multiple outlets, he added, were inefficient and could be relocated. Duran, he said, had the expertise to make the drive-thru concept work in some of these sites.

However, Mr Chahal denied the company would automatically want to work with Lloydspharmacy because it is already trading with AAH. "Lloydspharmacy are an inefficient organisation that sell themselves well. Multiples tend to be more bureaucratic and inefficient than those independent pharmacists who are on-the-ball," he said.

If Duran does not link up with a multiple it may raise expansion funds from a venture capital specialist.

Asda poised to take drive-thru route

Asda is looking seriously at opening a drive-thru pharmacy and already has a site in mind, although it has not yet decided to go ahead with a trial.

John Evans, Asda's pharmacy superintendent, said the site is a new pharmacy, but he would not say where.

Mr Evans has been monitoring the success of Duran Drive-Thru Pharmacy and, on May 19, was given a tour of Duran's new site in West Bromwich. He was accompanied by two colleagues, one of whom was David Kilgo, director of pharmacy IT at Wal-Mart, Asda's US parent; Mr Kilgo is on a two-year secondment with Asda.

Mr Evans said drive-thru pharmacy was one of various concepts Asda was studying. Wal-Mart has already taken up the drive-thru concept in a number of its pharmacies - although Mr Evans said the US version would not necessarily work in the UK.

He denied a rumour that Asda plans to open its first drive-thru pharmacy in September, and aims to have seven by the end of this year.

Gurd Chahal, Duran's founder, has warned pharmacy multiples not to be complacent. "Once a [multiple] company latches onto this concept, and with electronic prescriptions around the corner, it will clean up the market," he said.

ADVANCE INFORMATION

'Getting drug budgets under control', **June 6** at Harrogate. Keynote speakers: Clive Jackson, National Prescribing Centre director; and Jim Smith, regional pharmaceutical adviser. Further information from Harrogate Management Centre, tel: 01423 506611. **June 7**, **Society of Cosmetic Scientists** educational event. Oral care products by Ian Marlow and Fragrance & lifestyle

E-commerce tax breaks for IT equipment

Pharmacists could use the preferential capital allowances for small businesses, outlined in the recent Budget, to buy EPOS, bar code scanners and other peripheral computer equipment.

Chancellor of the Exchequer, Gordon Brown, said in the Budget that small businesses were entitled to preferential capital allowances to buy computer equipment. The move underlines the Government's aim to make the UK a centre for e-commerce.

The Inland Revenue has confirmed that these allowances can also be applied to any equipment designed to be used by or connected to a computer. But companies are advised to contact their local inspector of taxes first, and tell them what equipment they intend to buy.

Pharmacies and other small businesses can write off all their IT investments against tax, providing their purchases are made between April 1, 2000 and March 31, 2003.

An association for standards in electronic trade, e centreUK, wants to hear from companies that have difficulty claiming tax relief on peripheral electronic equipment. Contact the association at 020 7655 9000.

IN BRIEF

Lloydspharmacy gives free blood pressure checks

Lloydspharmacy is offering free blood pressure checks to customers from now until the end of national heart week (June 10-16) in selected branches. The chain wants to emphasise to customers that the pharmacy should be a source of advice on heart disease.

Moss: 694 and counting

Moss Pharmacy has acquired seven West Country outlets from Lifestyle Pharmacy, which has six outlets left. Two of the outlets are in Torpoint and the remainder are in Sidmouth, Bridport, Liskeard, St Columb and Bodmin. There are now 694 pharmacies in the Moss chain.



Susan Deacon, the Scottish health minister, opens GW Allan's refurbished pharmacy in Portobello High Street, Edinburgh. The pharmacy, which includes a newly-fitted consultation area, has been owned by the Allan family since 1977. James Allan (above) and his brother George are involved in Edinpharm, the pharmacy clinical services group

by Fiona Rauh at 18.30 for 19.00 at Boots Contract Manufacturing, Nottingham. Free buffet served from 18.30. The 4th International Conference on Life Long Learning in Pharmacy is being held at Templepatrick, Northern Ireland. **June 7-9**. Conference enquiries tel: 020 7735 9141. Further information from Alison Bullers, tel: +44 28 9027 2005.

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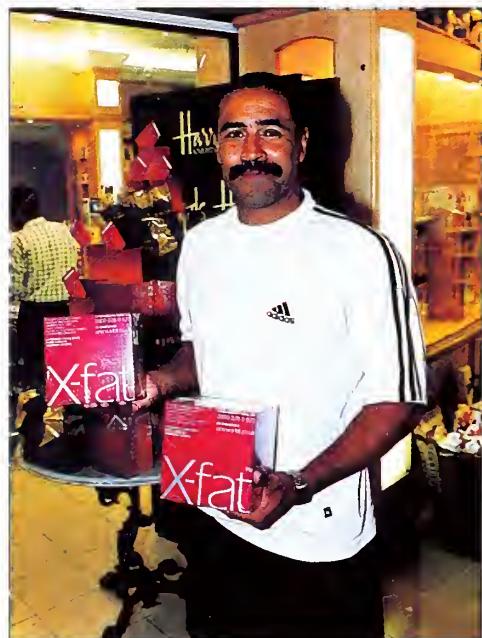
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BPSA plunging to gory... sorry, glory off Society HQ

On July 1 the British Pharmaceutical Students Association is planning its most spectacular fundraising event yet in aid of the Neema Project, which aims to build and run a dispensary in the Tanzanian village of Kiromo. Young and old are being invited to take part in a sponsored abseil down the Society's headquarters in Lambeth. You will have to pay £10 for the privilege, but this does cover insurance and guidance from experts on how not to do it. The BPSA hopes to raise over £5,000 for the project.

The press release announcing this vertiginous effort reached us on Monday; on Tuesday a man in the Society's PR office phoned apologetically to say that the scheme had yet to receive official approval - although he was sure it would. Well, of course it should, provided the intrepid abseilers promise not to break too many windows on the way down. The Society is there to serve the membership, and if keen young professionals wish to throw themselves off the building in a good cause, then it should support the exercise. For more information on the abseil or the Neema Project, contact Lindsay McClure, tel: 041 1323769; e-mail: NeemaBPSA@aol.com.



Over the past year money raised by pharmacy students from all over the world has been used to build a dispensary at Kiromo. BPSA is now raising money to build an extension to the building, which will be used as a mother and child health centre. There was previously no health provision in the area. Pharmacy students and newly-qualified pharmacists can apply to live in the village for 3-6 months, running the dispensary and health education programmes



The official photos are on p5, but this is what you really get when you 'Ask for your pharmacist' at the NPA roadshow, which goes on tour this week. We would like to dispel the rumour that NPA board members have been volunteered to fill the Care Bear costume as the roadshow passes through their region

Piling on the misery

We get some odd items in our postbag from time to time. We would like to share the following entrepreneurial offering with you, and wonder whether anyone has come across this particular remedy before.

Mr Stuart Schofield of Bradford says: *I am writing with something which may interest you to publish in your weekly magazine. I suffered a few years ago with haemorrhoids (piles) and a female colleague said try a woman's face pack. After applying this, it cured them without going to the GP. You could call this an alternative medicine, as the face pack must have healing properties in the chemicals in it. Will you write to me regarding this?*

PS I have had this tip published in the PTC (Stocks and Shares) magazine for which I received payment.

Some people will try anything!

APPOINTMENTS

Gerald Zeidman has been re-appointed as a non-executive director of Barnet Health Authority until March 2004. He is presently vice chair of the Authority and serves on the board of West Barnet PCG. A community pharmacist, Mr Zeidman also chairs the Royal Pharmaceutical Society's Community Pharmacy Group.

Dorothy Anderson, formerly director of the pharmacy practice division of the Common Services Agency in Scotland, has been made a non-executive member of the Health Technology Board for Scotland.

Peter Walker has been elected as chairman of the Boots Pharmacists' Association for a two-year term. Chairmen of the professional standing committees are **Stan Wheatley** and **Phillip Yelling**, and of the remuneration committees, **Martin Cotgreave** and **Kate Hingston**. **Alan Tobias** is publications secretary and **Alan Mentiplay** treasurer. Others on the committee are **Phil Mulholland**, **Lindsay Whitlock** and **Claire Wallwork**.

Pharmacists **David Brown** and **Peter Lowe** have been elected to Pharmed's implementation advisory group. Mr Brown owns three pharmacies in Dundee and is chairman of Tayside Pharmacy Contractors Committee. Peter Lowe is a Newcastle proprietor and secretary of North Tyne LPC.

Three new governors have been elected to the board at the College of Pharmacy Practice. They are **Angela Alexander**, **Muhammad Ashgar** and **Joy Wingfield**. They will serve three-year terms.

Dr Peter Worling has been elected president of the British Society for the History of Pharmacy. The vice president is **Stuart Anderson**.

Professor Rolf Krebs, vice chair of the board of managing directors of Boehringer Ingelheim, has been appointed president of the International Federation of Pharmaceutical Manufacturers Associations.

She's done it again! For the second time in three years Sarah Purcell, a regular contributor to C&D and *Over the Counter*, has won the Neutrogena Best Trade Beauty Journalist Award. The article which won her the prize was entitled 'Don't sacrifice your skin' and appeared in the May 1999 issue of OTC.

Sarah (left) collected her trophy, and prize of £500, from Lisa Rogers last Friday at Home, the London nightclub



The one on the right is the real thing, the other two were temporary replacements - the clocks, that is. Glossop town centre pharmacy Finlay McKinlay has recently restored part of its history with the help of wholesaler Mawdsleys. Fay Hartley, a partner in the family business, says the clock dates back to the 1920s and 'had become part of the furniture'. With the town hall clock out of action, the repair is most timely. Pictured (from left) are counter staff Debbie McMylor and Christine Bailey, and dispenser Pam Sproule

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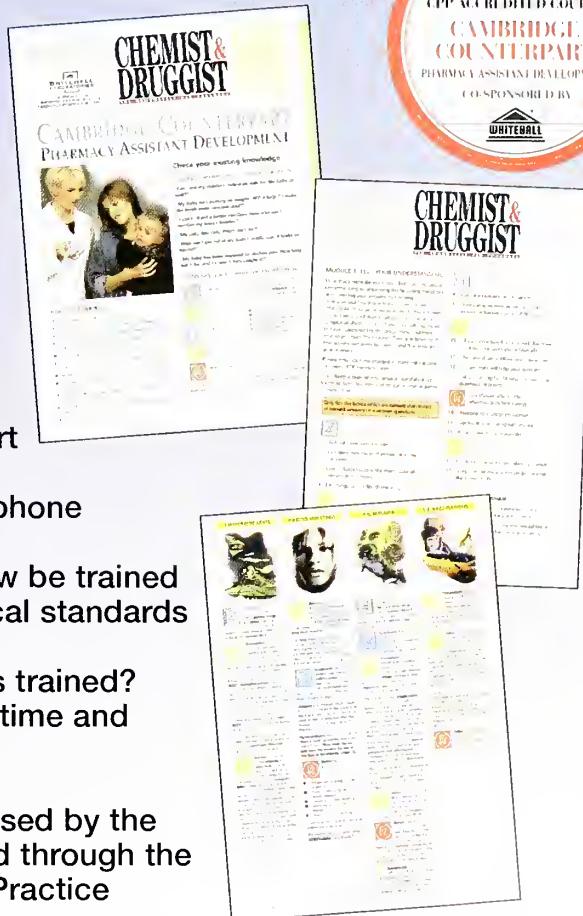
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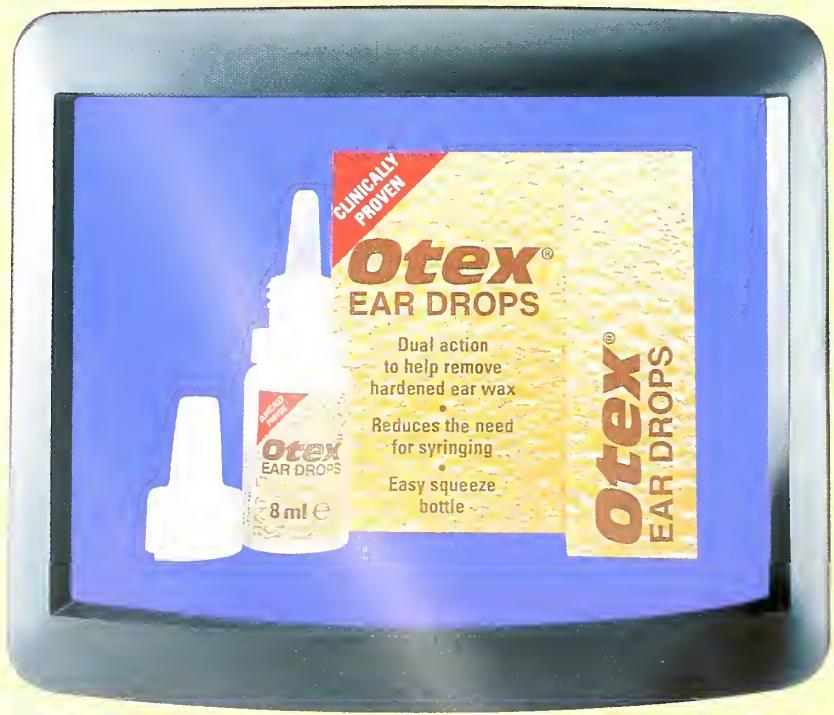
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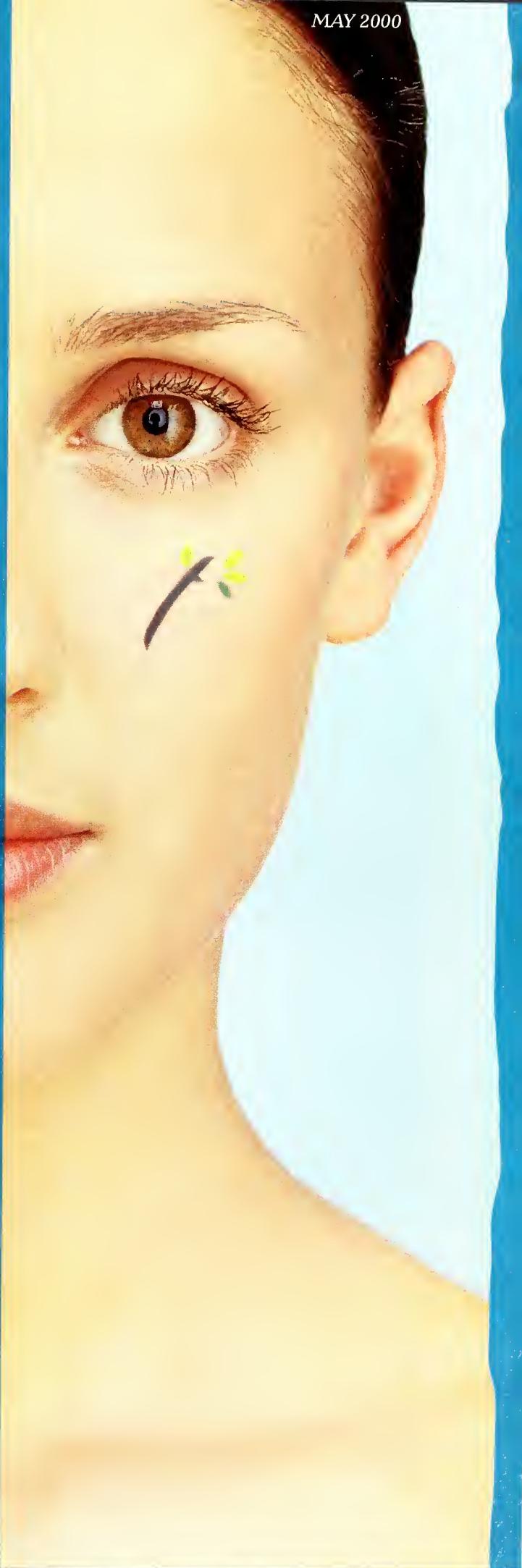
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Clotrimazole BP 10%

What can clear thrush fast? Canesten can.

Product information: Canesten Once contains clotrimazole 10% w/w. **Indications:** Treatment of candidal vaginitis. **Dosage and Administration Adults:** Insert the contents of the filled applicator into the intravaginally. **Children:** Pediatric usage is not recommended. **Contra-indications:** Hypersensitivity to clotrimazole or other vaginal antifungal products. Medical advice should be sought if the patient has any of the following symptoms: irregular vaginal bleeding; abdominal pain; a blood stained discharge; vulval or vaginal ulcers; blisters or sores; lower abdominal pain or dysuria; any adverse events such as redness, irritation or swelling associated with the treatment; fever or chills; nausea or vomiting; diarrhoea; foul smelling vaginal discharge. If no improvement in symptoms is seen after seven days, the patient should consult their doctor. This product may damage latex contraceptives therefore patients should use alternative contraceptives for at least five days after using the cream. **Side-effects:** Rarely, local mild burning or irritation immediately after use. Hypersensitivity reactions may occur. **Use in Pregnancy:** Only when considered necessary by a physician. **Date of Preparation:** December 1999 **Reference:** 1. Data on file, U&A Study October 1997

May 27, 2000

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Front cover image: part of the new consumer advertising campaign for Witch from EC De Witt, breaking in mid-May.

For more information see pages 14 and 15



Cooling

Soothing

Cleansing

WITCHTM
with Natural Witch Hazel

The Editor writes...

If a glance through the fashion pages convinces you that your life is lacking a little glamour or the smell of sunscreen starts you dreaming of exotic places, read on.

We have two very special competitions in this issue of *Over The Counter*. They each offer fabulous prizes and, who knows – it could, as they say, be you.

OTC has once again teamed up with Miners Cosmetics to look for our Model of the Year 2000.

So if your face is your fortune and you would like the chance to shine in front of the camera, turn to page 22. All you have to do is choose a recent photograph of yourself and fill in the form. It's as easy as that!

Training is a fact of life for pharmacy assistants if they are to keep up with the rapidly changing world of pharmacy. And your all-round knowledge could win you £1,500 to spend on the holiday of a lifetime.

OTC has joined forces with Caltrate Plus, the bone health supplement, to throw down the Pharmacy Assistant Challenge!

You just have to answer 20 questions, complete a tie-breaker and send it in. You'll find the entry form at the back of this issue.

So what are you waiting for? A holiday or the chance to be a model for a day – it's up to you.

But don't leave it there, this issue finds OTC really gearing up for summer, with features which have been chosen to help you advise customers on all their summer needs, from travel health to fake tans.

Finally, I'm sure readers of OTC will join me in congratulating consultant pharmacist Mary Allen on becoming a Fellow of the Royal Pharmaceutical Society. Mary is a regular contributor to OTC and I know readers appreciate her wide knowledge and her knack for making often complex material both accessible and enjoyable.

Mary is pictured (right) after receiving her certificate. With her is John Skelton, the man who set up OTC, another new Fellow.

News

Antihistamine survey gives boost to loratadine

Not all non-sedating antihistamines are the same.

In fact, some are more likely to cause sedation than others, according to independent research which monitored the effects of second generation antihistamines.

The research was carried out by the Drug Safety Research Unit and results showed loratadine was less likely to cause drowsiness than two other second generation antihistamines.

The research used prescription event monitoring to establish the frequency with which patients reported sedation when they were taking second generation antihistamines.

The four substances studied – loratadine, cetirizine, aripipazine and fexofenadine (POM) – are all considered to be non-sedating, but results showed that two were markedly more sedating than the others.

Loratadine (Claritin Allergy) was less likely to have a sedative effect than cetirizine or aripipazine. Cetirizine was 3.5 times and aripipazine 2.5 times more likely to cause sedation.



This year's Pharmacy Healthcare Scheme/No Smoking Day 2000 competition attracted such high quality entries that four winners were chosen. One of the winners was John Bell & Croydon, whose team was actively involved in health promotion, providing leaflets and advice as well as using a 'smokalyzer'. Pictured (from left) are pharmacy assistant, Judy Fernandes, pharmacist Debbie Danon, Roger Odd from the Royal Pharmaceutical Society, and pharmacy assistants Hung-gai Diep and Rachid Medjaoud. The other pharmacy winners were Tesco In-store Pharmacy Walsall, Grays Chemist Carmarthenshire and S Mawhinney Ltd, Co Antrim

Free booklet offers answers and tips for allergy sufferers

Allergy sufferers can find the answers to many of their questions in a new, free booklet produced by the UCB Institute of Allergy, an international educational body supported by UCB Pharma, manufacturer of Zirtek.

The 64-page booklet, entitled

Allergies – the more you know, the less you suffer, covers allergies from hayfever to asthma, eczema and food allergy. It answers questions such as why people are allergic, how to prevent attacks, how allergies are diagnosed and the treatments available. It also offers practical tips to help sufferers minimise the impact of allergies on their daily lives.

Copies can be obtained by contacting The UCB Institute of Allergy (UK Branch), UCB House, 3 George Street, Watford WD1 8UH. Tel 01923 211811.

The National Pollen Centre web site at www.pollenforecast.worc.ac.uk has a direct link to the relevant section of the institute's web site.

Pharmacy at the hustings

Sandra Gidley has become the first pharmacist to be elected to the House of Commons in over half a century.

Ms Gidley, who manages a community pharmacy in Romsey, Hampshire, won the seat for the Liberal Democrats in the bye-election on May 4. She overturned the Conservative majority and won more than 50 per cent of the votes.

Another pharmacist, Ashwin Tanna, was not so lucky in the elections for mayor of London. Mr Tanna, who until last year owned a pharmacy in Dulwich, south London, failed in his bid to become mayor of London.



Over The Counter can boast the expertise of two new Fellows of the Royal Pharmaceutical Society. Mary Allen has been a regular contributor of articles to the magazine, while John Skelton, now an associate publisher, set up OTC ten years ago when he was editor of *Chemist & Druggist*. He may also be familiar to you for directing the Cambridge Counterpart training scheme for pharmacy assistants. Mary and John were only two of 21 pharmacists to be honoured this year by being made Fellows for distinction in the profession of pharmacy. They are pictured after receiving their certificates at the Society's annual meeting earlier this month. Turn to page 28 for Mary's invaluable feature on travel health

No added meaning baby food claims

A survey of more than 400 babyfoods revealed examples of meaningless wording such as 'specially formulated', 'wholesome ingredients' or 'balanced nutrition'.

The survey was carried out by the Consumer's Association, which says such phrases simply highlight practices required by law. For example, there are claims like 'no added salt', but the amount of salt that may be added to babyfood is controlled by law.

Similarly, no preservatives are allowed in babyfoods but some antioxidants, such as vitamin C, are added to stop food going off.

The survey says 'no added sugar' does not necessarily mean no added fruit juice and artificial sweeteners are not allowed in babyfood.

When researchers looked at how many babyfoods were sweetened with sugar or fruit juice, nearly 40 per cent were found to contain sugar, fruit juice or both.

Six 'savoury' meals contained glucose syrup, and just under half the desserts contained added sugar.

The survey also highlights foods where the name poorly describes the contents. For example, Heinz Egg Custard with Rice contains more sugar than egg or rice and Cow & Gate's Banana Rice Pudding contains banana flavouring, but no actual fruit.

Forty per cent of foods surveyed contained some form of starch and some brands contain more starch than the ingredients mentioned in the name of the product. For example, Cow & Gate Sage & Turkey Casserole has more maltodextrin than turkey.

All Heinz standard savoury jars and desserts contain starches but Baby Organix and Olvarit Organic meals contain none.

Has the couch potato had his chips?

Research carried out for Elida Faberge's Physio Sport range reveals that former couch potatoes are quitting the sofa and heading for the gym on a regular basis.

Almost one in four Brits now exercise every day, with the same number taking some form of exercise three or four days a week and almost a third exercising once or twice a week.

Top of the list of reasons for taking exercise for 95 per cent of people are enjoyment and keeping healthy, but some have ulterior motives – one in four active people met a partner through sport.

Walking is the most popular exercise, followed by swimming, then the gym, cycling and running or jogging. Half of those who exercise say they become ill less often.

Need help? Just pick up the phone

● Women with questions about HRT or the menopause can call the Evergreen Helpline, on 0845 6060201. The line is staffed by trained nurses.

● Arthritis sufferers should dial 0845 600 6868 for information about their condition. The service is run by Arthritis Care and callers will receive a welcome pack which includes leaflets on self-management and coping with pain.

● Wilkinson Sword has launched the Lady Protector+ Hair Removal Helpline for women. It will answer questions on all aspects of hair removal, with a trained dermatologist



on hand for more complex queries. The number is 07000 474 474 and callers can request a copy of a free hair removal guide.

● The British Dental Health Foundation's on-line helpline has celebrated its first birthday – and answered its 1000th question. People with dental questions can visit the web site at www.wordofmouth.org.uk or call the BDHF's helpline on 0870 333 1188.

● Travellers who have access to the internet can find information on health risks, immunisations and other essential information on the Medisearch site at www.Medisearch.co.uk

Suntans and AIDS concern declining

People are becoming less interested in getting a suntan and less likely to change their sexual behaviour because of AIDS, according to a new survey.

The 1998 Health Education Monitoring Survey showed that 74 per cent of adults had not changed their behaviour because of concern over AIDS, compared with 67 per cent in 1995. Using a condom was the main change in 1995 (13 per cent), compared with 9 per cent in 1998 when the main change was sticking to one partner (10 per cent).

The condom remains the most popular method of contraception among adults aged 16-54 who first had intercourse in the previous five years – used by 69 per cent of those surveyed in both 1998 and 1995. In 1998 27 per cent had used oral contraceptives (19 per cent in 1995) and 5 per cent the morning after pill (4 per cent in 1995). The numbers thinking they were at low or no risk of contracting a sexually transmitted infection remained constant at 85 per cent.

Having a suntan was important to 16 per cent of men and 24 per cent of women in 1998, compared with 23 and 32 per cent respectively in 1995. Men were more likely than women to have been sunburnt in the last 12 months – 28 per cent in 1998, compared with 20 per cent. Three years previously the percentage of men getting burnt was 2 per cent lower and women 2 per cent higher (for more about suncare, turn to our feature on page 25).

Twenty-four per cent of men and 29 per cent of women reported having suffered a large amount of stress in the previous 12 months. Stress peaked in those aged 35-44.

Men were more likely than women to smoke (29 per cent compared with 26 per cent) and men were more likely to be heavy smokers. Younger people were more likely to smoke (39 per cent of men aged 16-24), and smoking was more prevalent in social classes IV/V and those with low incomes.

When it came to diet, 21 per cent of men claimed they ate a less healthy diet compared with 16 per cent of women, while only 12 per cent of men reported eating healthily compared with 17 per cent of women. Healthy eating was more prevalent in the middle age groups.

The mean weekly alcohol consumption was higher for men (18.4 units) than for women (7.7 units). The heaviest drinkers were 16-34-year-old men.

The survey results are published in 'Health in England 1998: Investigating the links between social inequalities and health' (Stationery Office, £32.50).

Advice on buying health supplements

Recognised retailers such as pharmacies are the best places to buy health supplements.

This is among the advice in a new free guide from the Health Supplements Service (HSIS) designed to help consumers make a more informed decision when buying health supplements.

It advises people to be wary of 'miracle' cures or exaggerated claims on labels and to buy from a recognised retailer. The guide also recommends choosing a recognisable brand that can be trusted to ensure the highest level of quality control.

For details about specific supplements, consumers can visit the HSIS web site www.hsis.org, which provides information about the measurements and RDAs for vitamins.

For a copy of the guide, send an A5 stamped addressed envelope to HSIS, Bury House, 126-128 Cromwell Road, London SW7 4ET.

New features for NHS Direct On-line

NHS Direct has extended its On-Line services.

New features on the internet site include:

- monthly on-line discussion sessions with health professionals
- a monthly health feature focussing on a different health issue each month
- inclusion of details on some 400 rare conditions
- another 150 audio clips on a range of conditions.

NHS Direct On-Line can be found at: www.nhsdirect.nhs.uk



Three winners of Chelaro's Predictor Advisor competition for National Co-operative Chemists counter staff have received their prizes of Marks & Spencer vouchers worth £50. Entrants had to answer a questionnaire on pregnancy after reading a training leaflet and the winners, selected at random from the correct entries were: Catherine MacLeod, from the Rossshire branch; Debbie Houlder from Stevenage; and Kelly Speed from Loughton. Debbie Houlder is pictured receiving her prize from Chelaro's Victoria Cooke

Showcase



Motilium given a feminine slant this summer

J&J MSD Consumer Pharmaceuticals aims to raise the profile of **Motilium 10** with women through a summer advertising campaign which runs until August.

The campaign will make women aware of the symptoms associated with dysmotility, and the need to treat with a motility agent rather than less appropriate remedies such as those for indigestion or trapped wind.

J&J MSD Consumer Pharmaceuticals has also joined forces with *Prima* magazine to produce a comprehensive consumer guide entitled, 'A Stomach Fit for Life', designed to help women understand stomach discomfort.

Copies of the guide, which was given away with the May issue of *Prima*, are also available to pharmacies. J&J MSD Consumer Pharmaceuticals. Tel: 01494 450778

New Robinson plasters are Quick2heal

Robinson Healthcare is launching an advanced new plaster range for minor injuries at home or on the sports field.

Quick2heal plasters

are designed to create an environment in which wounds can heal in quickly and naturally. Left in place for three to seven days, the plasters control the moisture level in the wound.

Robinson Healthcare says that because the dressings allow moist wound healing to take place, this should mean up to 50 per cent faster healing, and less pain and scarring.

The range includes three products: transparent film plasters for grazes, friction burns, sore areas and skin closures; transparent film plasters for deeper cuts; and ultra-absorbent plasters for cuts, blisters and minor burns.

The plasters are hypo-allergenic and waterproof. Retail prices range from £3.49 to £3.99. Robinson Healthcare. Tel: 01246 505450.



GSL Gavison Advance to stay in pharmacies

Reckitt & Colman is reclassifying its P category **Gavison Advance** as a GSL medicine for distribution through pharmacies only.

The move is designed to increase consumer awareness of Gavison Advance and will bring the product into line with **Gavison Liquid**. Suitable for adults

Reckitt & Colman says it is highlighting its commitment to pharmacy by featuring an 'available through pharmacies only' strapline on both Gavison Advance and Liquid Gavison.

New pharmacy PoS material to support Gavison Advance is available and new educational material is planned. Reckitt & Colman Products. Tel: 01482 326151.



Dissolving pain with Nurofen Meltlets

Self-dissolving tablets are the latest addition to the Nurofen range from Crookes Healthcare.

Nurofen Meltlets contain 200mg ibuprofen in a microsphere formulation which dissolves quickly on the tongue, with a lemon taste.

The format is designed for people who are driving, at work, or out of the home and without access to water.

They are also aimed at those who find it hard to swallow normal tablets or capsules with water.

The tablets are formulated for the relief of mild to moderate pain such as headache, backache, period pain, dental pain, rheumatic and muscular pains, migraine, cold and flu symptoms and feverishness.

Suitable for adults

and children over 12 years, the initial dose is two tablets, then one or two tablets every four hours if necessary, with a maximum of six tablets in 24 hours.

Nurofen Meltlets (12, £2.49) has a GSL licence. Crookes Healthcare Ltd. Tel: 0115 953 9922.

Senokot gets major push on national TV

A £1.5 million national TV campaign for **Senokot** is on the air until the middle of July.

The new commercial features the strapline 'natural relief for a brighter tomorrow' and the campaign aims to communicate that the brand contains a natural active ingredient which

works in tune with the body.

The commercial explains how just two tablets can provide natural, reliable,



overnight relief from constipation.

PoS material is available to support the campaign in-store.

Senokot is available in packs of six - 20, 60 and 100 tablets - and also in syrup and granule presentations. Reckitt & Colman Products. Tel: 01482 326151.

Briefs

Help for IBS sufferers

Chefar Proprietaries is launching two **Equilon** information services for IBS sufferers. A new web site, www.equilon.co.uk, has been created in conjunction with the Central Middlesex Hospital IBS Research Appeal, offering general education and advice. A new information service, 'In touch with IBS', comprises a series of free factsheets on the problems and symptoms of IBS, how they can be controlled, and self-help.

Chefar Proprietaries Ltd.

Tel: 01480 421800.

Mam's soothing new arrival

Mam is introducing a new soother collection for newborn babies. **Mini Ulti Clear** (two, £3.49) has the same features as the existing Mam newborn soother but comes with a clear shield and pastel knob with four design variations.

Mam (UK) Ltd.

Tel: 0121 326 6992.

Calpol support for dads

Warner-Lambert is launching a **Pregnant Dads Support pack** which includes advice on issues surrounding fatherhood, pregnancy and birth, common childhood illnesses and medicine tips. Pharmacies can obtain free copies of the pack by phoning 02380 628 487.

Warner-Lambert Consumer Healthcare.

Tel: 023 8064 1400



A Concept for blistering success

Eight herbal remedies in the **Herbal Concepts** range are being launched in blister or carton packaging.

New packs are being introduced for Backache Relief, Daily Tension and Strain Relief, Period Pain Relief, Wind and Dyspepsia Relief, Menopause Relief, Laxative Tablets and Daily Overwork and Mental Fatigue Relief.

The new packs (£2.99-£3.99) are designed for easy shelf display and feature clear, simple graphics.

The indigestion relief product will be blister-packed this summer. The products will also be available in pots.

Herbal Concepts Ltd. Tel: 01296 689045.



No flies on Autan's new display units

New plastic shelf display units for Bayer's **Autan** range aim to remind customers to pack the insect repellent next to the suntan lotion.



OVER THE COUNTER 27 May 2000

The unit can display all four products in the range and heralds the start of an educational campaign advising consumers to protect themselves against insects.

Autan comes in two forms - Active, which is presented as an aerosol spray, pump and stick; and Family, a lotion with aloe vera moisturiser.

Record sales last year may reflect consumer response to a new active ingredient, Bayrepel, which is claimed to be more effective and less sticky than DEET.

Bayer is supporting Autan with a summer campaign, including advertising on TV screens in passport offices in London and Liverpool. The adverts carry the message: "You are not the only one flying abroad this summer", and stress the benefits of the new active ingredient.

Other activities include a joint ad with Germolene, on Thomson ticket wallets and a leaflet drop in doctor's surgeries. Distributor: Laser Healthcare. Tel: 01202 780558.

A fair deal from Uvistat

Uvistat is relaunching its sun care products to meet the special needs of people with fair skin.

The company says many people wrongly believe their skin is medium- or dark-toned, and risk damage from over-

exposure to the sun. Fair skin is genetically different and becomes more sun-sensitive the longer it is exposed, so fair-skinned people should always use a high protection product with a four-star UVA rating.

Uvistat offers a range of SPFs from 12 to 50, all of which have the maximum four-star UVA filter, which the company says is the most effective combination for fair skins and gentle tanning.

The after-sun lotion and Activ-A facial variant contain added glutathione, an anti-oxidant and free radical scavenger, to replenish the skin after sun.

Boehringer Ingelheim Tel: 01344 424600.

The Formula to keep the bugs at bay

Chefaro is ready for the peak of the holiday season with a new web site, consumer leaflet and the addition of a new active ingredient for its



Jungle Formula range.

The consumer leaflets give advice to holidaymakers at home and abroad, while the web site includes information about mosquitoes and wasps, a guide to insect-borne disease and world hotspots. There is also a travel essentials checklist and information on the Jungle Formula range.

The company has also completed updating its range with the active ingredient IR3535, which is at least as effective as DEET, with lower toxicity and a fresh fragrance. All Jungle Formula

Briefs Adidas on target for a fragrant summer

Coty is launching a new summer limited edition collection in its Adidas toiletries range. The **Adidas Special Edition** is available in body spray deodorant (150ml, £2.49), shower gel (200ml, £2.49) and aftershave (50ml, £5.95). **Coty (UK) Ltd.** Tel: 020 8971 1300.

Anaesthetic gel combines traditional with modern

Schering-Plough is adding a new P category gel to its Solarcaine local anaesthetic range. **Solarcaine Gel (£4.69)** is a cooling formulation containing lignocaine for rapid relief from the pain of sunburn, cuts, grazes and insect bites. It also contains aloe vera, traditionally used to help disinfect, heal and soothe cuts and grazes. **Schering-Plough Ltd.** Tel: 01707 363636.

Nails become illusionary with 'hologram' polish

Spectacular Cosmetics is launching a new hologram nail polish collection.

Mirage (£3) is available in three shades - Apparition, Illusion and Daydreamin'. All versions are formulated to give the appearance of changing colour every time the hands are moved.

Spectacular Cosmetics Ltd. Tel: 020 8385 4400.

products now contain IR3535 except for Extra Strength Liquid,

multivitamins and minerals, multivitamins and iron and chewable multivitamins.

Others include vitamin B, vitamin B6, folic acid, vitamin C 500mg, vitamin C 1000mg, effervescent vitamin C, vitamin E, zinc, selenium, cod liver oil, odourless garlic, evening primrose oil, glucosamine sulphate, echinacea, ginkgo biloba capsules, Korean ginseng and St. John's wort.

The pack sizes are 50, 100 or 200, with the actual size of each tablet or capsule clearly shown on the pack. Retail prices range from £2.45 to £6.95.

Paul Murray plc. Tel: 023 8026 8444.



Safe and Sound supplements from Paul Murray

Paul Murray is extending its **Safe & Sound** personal care brand with a new range of vitamins and supplements.

The 20 products in the range include

MACLEANS PRODUCTS

COMPLETE HEALTH

MACLEANS WHITENING

YOU AND YOUR CHILD

DENTAL CLINIC

ORAL CARE IN DEPTH

TIP OF THE DAY

Smoking and drinking coffee can cause an unsightly stain build-up on your teeth.



SB gets its teeth into the Net

SmithKline Beecham Consumer Healthcare has launched two new UK specific web sites — for **Macleans** and **Aquafresh**.

Macleans.co.uk and **aquafresh.co.uk** both link into a range of consumer oral healthcare pages, a dental professional corner and educational resource centre.

Each site has its own brand identity with product information and specific items to appeal to different product users.

Consumer-oriented information includes practical advice for parents while general advice covers subjects like choosing a toothbrush, brushing technique and dietary tips.

A dental clinic has answers to specific oralcare problems, emergency dental advice, finding a local dentist and a personal dental appointment reminder.

The Macleans site includes a bedtime story and the Aquafresh site features Flex-O-Friends Kid's Club. SmithKline Beecham Consumer Healthcare. Tel: 020 8560 5151.

Zirtek in a new consumer pack

UCB Pharma has introduced its Zirtek Allergy antihistamine in a new consumer pack for the hayfever season.

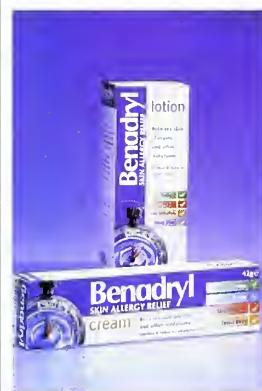
One-A-Day Zirtek Allergy now comes in a new, clinical-looking white pack that provides one week of one-tablet-a-day treatment.

The small tablet presentation is the same full strength as available on prescription.

Pharmacy assistants and their customers can also check the pollen forecast on the internet. A new consumer web site produced by UCB Pharma and the National Pollen Research Unit is on www.pollenforecast.worc.ac.uk

The pollen forecast can also be accessed from the dotPharmacy web site on www.dotpharmacy.co.uk

UCB Pharma Ltd. Tel: 01923 211811.



Now there's a topical choice from Benadryl

Warner-Lambert is launching two new 'P' licensed topical products for allergy sufferers under its Benadryl brand.

Benadryl Skin Allergy Relief Lotion and **Cream** (both £3.55) are formulated for quick relief from the irritation of skin allergies. The products also relieve prickly heat and sunburn.

The lotion is suitable for a large area of sunburn while the

thicker cream is ideal for treating bites and smaller areas of skin.

Both contain the active ingredients diphenhydramine hydrochloride 1 per cent, camphor 0.1 per cent and zinc oxide 8 per cent.

While most allergy sufferers still prefer to take tablets and capsules — in particular for hayfever and allergic rhinitis symptoms — many people who suffer from skin allergies and other irritants prefer a topical formulation.

• A Benadryl hot air balloon, designed to glow when it flies at night, is touring major national outdoor events and country fairs through the summer. Warner-Lambert Consumer Healthcare. Tel: 023 8064 1400.

New adhesive dressing from First Aid UK

First Aid UK is launching a new adhesive dressing developed specifically for occupational health professionals.

Microplast is a moisture vapour permeable film dressing that is designed to resist maceration and is claimed to promote rapid healing.

It incorporates a hypoallergenic acrylic adhesive and the wound contact pad is coated with a non-stick polymer enabling pain free removal.

The new dressing will be launched at the NEC Safety and Health at Work 2000 exhibition on May 8-11. First Aid UK Ltd. Tel: 01260 298398.

Aquafresh Flex goes for a bold new look

Aquafresh Flex toothbrushes have been relaunched to increase stand out and give more powerful branding.

The new look for the range, with bolder use of the brand name and icon, aligns the toothbrushes

Briefs

Homoeopathy on the counter

A new hayfever counter pack from Ainsworths contains five 30c potency homoeopathic remedies formulated for the prevention and treatment of hayfever. The pack comes with a window poster plus a 64-page book on selecting a remedy for a number of acute conditions including hayfever.

Ainsworths.

Tel: 01883 340332.

Lenthalic relaunches Black Label

Lenthalic is relaunching the ex-Yardley **Black Label** range of male fragrance and grooming products in new packaging. The range comprises aftershave, edt spray, moisturising shave gel, anti-perspirant deodorant spray and roll-on and shower gel.

Lenthalic Ltd.

Tel: 01923 222261.

Fresh new scent joins Coty classic

Coty is launching a new fragrance aimed at 35-50-year-old women. **Toujours L'Aimant**, the younger 'sister' of L'Aimant, is a fruity floral fragrance.

Coty (UK) Ltd.

Tel: 020 8971 1300.



more closely with Aquafresh toothpaste.

Individual products can be identified by a vertical stripe on pack which highlights the variant type. The reverse of the product cards have been updated to give clearer visual images of important features. SmithKline Beecham Consumer Healthcare. Tel: 020 8560 5151.

Big boost for Beconase Allergy

Glaxo Wellcome is spending £1.5 million on supporting its **Beconase Allergy** brand throughout the hayfever season. Consumers can

phone the new Beconase Allergy Hay fever Hotline on 0800 096 3326. The hotline give consumers access to general information on hayfever and how to treat it as well as tips on minimising its problems. Gardeners, outdoor sports enthusiasts and other groups are also offered dedicated information.

A national TV advertising campaign until the end of June aims to communicate the key strapline 'Freedom from hay fever is right under your nose'.

Glaxo Wellcome Tel: 020 8990 9000.





You can't stop children getting head lice, so give their mums a head start in getting rid of them.

You could recommend one of our no-alcohol formulas, like Derbac M Liquid, the UK's leading head lice treatment¹, or Full Marks Liquid, both of which are ideal for young children and those with asthma or eczema.

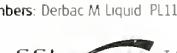
Or, if your customers prefer to mousse away head lice in minutes², there's the easy to use convenience of Full Marks Mousse.

Only SSL International offers a complete range of modern, effective answers to the head lice problem, so make sure you give your customers a head start with Full Marks or Derbac M.



Derbac M Liquid, Full Marks Liquid & Full Marks Mousse Prescribing Information. Indications: For the treatment of head lice infection. **Active Ingredients:** Derbac M Liquid: Malathion 0.5% w/w. Full Marks Mousse and Liquid: Phenothrin 0.5% w/w. **Dosage and Administration:** Liquid: Sprinkle onto dry hair and rub gently into the scalp until all the hair and scalp are thoroughly moistened. Allow the hair to dry naturally and leave for at least 12 hours. Mousse: Shake can well turning it downward to dispense mousse. Apply sufficient mousse to dry hair until all the hair and scalp are thoroughly moistened. Allow the hair to dry naturally and leave for 30 minutes. Shampoo the hair as normal. Rinse and comb whilst wet to remove dead head lice and eggs. **Contraindications, Warnings, etc:** Not to be used on infants under six months of age unless under medical advice. Avoid contact with the eyes. These treatments may affect permed bleached or coloured hair. Keep out of the reach of children. Full Marks Mousse contains alcohol which may exacerbate asthma and eczema. Full Marks Mousse is flammable, so apply with care and do not use artificial heat. If inadvertently swallowed a doctor should be contacted at once. If used by a healthcare professional to treat a large number of patients, protective plastic or rubber gloves should be worn. Continued prolonged treatment with these products should be avoided. They should not be used more than once a week and for not more than three consecutive weeks. Very rarely skin irritation has been reported. Do not use these products if you are sensitive to pyrethroids. **Legal Category:** P. **Prices:** Derbac M Liquid: 50ml £3.79, 200ml £9.25. Full Marks Liquid: 50ml £3.79, 200ml £9.25. Full Marks Mousse: 50g £3.99, 150g £9.25. **Product Licence Numbers:** Derbac M Liquid: PL11314/0046, Full Marks Liquid: PL11314/0093, Full Marks Mousse: PL11314/0102. **Product Licence Holder:** Seton Products Limited, Oldham OL1 3HS. **Date of Preparation:** March 2000.

¹Independent Audit MAT January 2000. ²Full Marks Mousse has a 30 minute treatment time.



Tubitox House, Oldham OL1 3HS, England

Derbac M and Full Marks are Trade Marks of the SSL Group



Milupa milks come ready to feed

The Milupa range of Aptamil First and Aptamil Extra (which contain LCPs) and Forward Follow On formulae are now available in ready-to-feed liquid format.

The company says that with 70 per cent of women working, parents will welcome the choice and convenience of the new products.

Milupa Liquid (200ml) will retail at £0.52 for Forward and £0.59 for Aptamil First and Extra. Nutricia. Tel: 01225 768381.

A comfortable launch from Cow & Gate

New premium-priced infant milk and follow-on milk have expanded Nutricia's Cow & Gate range.

Cow & Gate Omneo Comfort 1 and 2 are formulated to help mothers manage minor digestive and feeding problems such as colic, passing hard stools/constipation and posseting.

Both contain hydrolysed protein and reduced lactose for easy digestion, starch to help reduce the risk of trapped air and to ensure an even intake of milk plus pre-biotics for maintaining healthy gut flora and softer stools.

Omneo Comfort 1 is a stage 1 milk suitable from birth to six months. Omneo Comfort 2 is a follow-on milk suitable from

six months to two years.

Omneo Comfort 1 initially comes in 450g and 900g powder packs (£4.09 and £7.49). Omneo Comfort 2 is only available in a 900g powder pack (£7.49).

There is a £1 million support programme for Omneo Comfort 2 and PoS material is being developed for pharmacies.

A telephone line (0845 7623699) deals with queries about minor feeding problems in infants. Nutricia. Tel: 01225 768381.

Timotei set to revitalise natural haircare sector

Elida Fabergé is relaunching its Timotei haircare range with new packaging featuring modern graphics and a new bottle shape to attract younger consumers.

Timotei Cotton & Peach Milk shampoo and Cotton & Orchid conditioner have been introduced especially for coloured hair. Both contain cotton extracts to revitalise and repair.

Two more new conditioners are Honey for dry/damaged hair and Orange & Wild Mint for fine/long hair.

There are also improved formulations for Honey, Orange & Wild Mint and Herb shampoos and Cucumber two-in-one. Elida Fabergé. Tel: 020 8481 6000.

Carol helps Vosene go beyond dandruff control

TV presenter Carol Smillie is spearheading the relaunch of the Vosene shampoo brand.

She is featured in advertising, radio commercials and a leaflet to be distributed to three million households.

The Wella Vosene range has been updated with seven variants catering for individual hair and scalp needs beyond

just dandruff control.

New to the range are Wella Vosene Anti-Dandruff for stubborn dandruff; Frequent; Build-Up Remover for styling product and pollutant build-up; Revitaliser for scalp irritation caused by heat, sweat and chlorine; Balance for greasy roots/dry ends and Extra Mild 2 in 1.

All retail at £1.99 except for Wella Vosene Anti-Dandruff, which is £3.49.

Wella Vosene Original is still in the range for occasional dandruff. Wella Great Britain. Tel: 01256 320202.



Sweet nothings from Ceuta

A new artificial sweetener is being launched by Ceuta Healthcare under the leading UK sugar brand Silver Spoon.

Silver Spoon 'Nothing comes closer to sugar' artificial sweetener comes in tablet and granulated form.

Retail prices range from £1.59 for 100 tablets to £4.69 for 500 tablets.

Silver Spoon, the retail division of British Sugar, has acquired Sucron from Roche Products and plans to support the product alongside its existing sweetening business. Ceuta Healthcare Ltd. Tel: 01202 780558.

Fewer tears and more contentment with Variflo teat

Jackel International claims that babies fed with its Maws Variflo teat cry significantly

less, have fewer colic symptoms and are more content.

The claim is made following a two-year clinical trial among mothers of new babies. Results were published in the health journal Professional Care of Mother and Child.

Maws Variflo teats feature a cross cut instead of a hole, allowing the baby to control the flow.

Packs of the Maws Variflo teats (two, £2.19), feeding bottles and steriliser starter kit will now be flashed with the clinical claim.

Consumer leaflets give mums the chance to claim their money back if not satisfied. Jackel International Ltd. Tel: 0191 250 1864.

Bach Flower Remedies to get a new look

The Bach Flower Remedies, distributed by A Nelson, are being repackaged and merchandised in July.

To encourage new users, the existing 38 remedies will come in a new livery which clearly displays the Bach signature. An improved merchandising system will allow for double facings of the ten most



popular remedies as well as more space for the fastest selling product – Rescue Remedy.

Customers will also be able to buy mixing bottles and a new range of leaflets will cover subjects such as coping with illness and the use of remedies with animals. A Nelson & Co Tel: 020 8780 4200

Scholl gives legs a lift

SSL has launched two new Scholl revitalisers for legs.

Scholl Revitalising Gel (125ml, £4.99) and **Revitalising Spray** (125ml, £5.25) aim to provide an instant and lasting cooling effect with refreshing and revitalising benefits.

Scholl Cracked Heel Cream (25g, £2.79) is being relaunched with an improved formulation, while other products in the range are to be repackaged. SSL International. Tel: 01565 625000.

Briefs

Griptight goes for colour

Lewis Woolf Griptight is adding over 20 new lines to its Griptight Savers range of baby products. The range has been colour-coded into six different segments – bottles, teats, soothers, feedtime, rattles and toys and accessories.

Peter Black Healthcare.
Tel: 01283 228300.

Care adds cystitis relief

Cystitis Relief Sachets are the latest addition to the Care range from Thornton & Ross. The active ingredient is sodium citrate dihydrate and the product is dissolved in water to produce a lemon flavoured drink.

Thornton & Ross.
Tel: 01484 842217

Miners makeovers on CD

Miners Cosmetics has joined forces with Focus Multimedia to produce Glitter and Gloss Total Style Makeover, a CD ROM which allows users to experiment with the latest Miners shades and colours by scanning in their own photograph and create their own new look.

Paul Murray plc
Tel: 023 80 460600

Witch gives the Doctor a new look

E C De Witt is relaunching its **Witch Doctor skincare range** with a new look.

The new Witch range is being positioned as a skincare range for everyday use, while



the existing Witch Doctor products are positioned as treatments.

The range comprises five products containing natural witch hazel to help reduce skin redness and blemishes, dry up oily patches and cleanse pores.

Striking new packaging features a tree icon to communicate the witch hazel ingredient.

The range includes Witch Stick (£2.99), Witch Cleansing & Toning Pads (50, £3.09), Witch Doctor Skin Treatment Gel (£2.75), Witch Doctor Lotion (£2.05).

New in the range is Witch Sun Sore Soothing Gel (£4.99) which combines natural witch hazel and skin conditioners to take the 'fire' out of sun-reddened skin and help relieve soreness. It also contains vitamin E to retain moisture in the skin, helping to minimise peeling.

Two new facial skincare products will be added later this year.

E C De Witt.
Tel: 01928 579029.

RoC aims to improve cellulite with retinol

Retinol Body Contouring Concentrate from RoC is said to reduce the 'orange peel' appearance of skin by 39 per cent in eight weeks.

As well as retinol, the product also contains caffeine, which is claimed to break down fatty deposits and ruscus, a plant extract which enhances circulation.

The product comes in a pressurised pump bottle (150ml, £21.95) as an oil-free cream gel. It should be applied twice a day for at least two months, says RoC. Johnson & Johnson Ltd.
Tel: 01628 822222.

A Carex gel to tackle the really dirty jobs

A new Carex antibacterial moisturising handwash offers deep cleaning for particularly dirty situations.

Carex Deep Clean (250ml, £2.29) contains tiny scrubbing



particles to remove dirt from extra dirty hands after tasks such as gardening or car maintenance.

The orange coloured gel contains small particles of walnut shell to tackle ingrained dirt during washing.

The gel is presented in a pump pack. It has a light, fresh fragrance and is suitable for sensitive skin.

Cussons (UK) Ltd.
Tel: 0161 491 8000.

Sporting new fragrance gets physical

The **Physio Sport range** is being repositioned and a new fragrance introduced.

The Fresh Blast fragrance is a tangy mix of citrus, lime and grapefruit designed to

embody the 'making you feel alive' message.

The new variant is available in deodorant bodyspray, shower gel, anti-perspirant aerosol and roll on. The packaging features striking yellow graphics and a 'new' flash.

The original Physio Sport 'orange' variant will be renamed Pure Energy. The deodorant bodyspray, shower gel, anti perspirant aerosol and roll on will continue to be promoted in pharmacy, while the specialist sports bodycare products - Grip Hydrate, Equalise, Anti Friction and Massage - will be distributed via sports outlets, gyms and e-commerce.

Elida Fabergé.
Tel: 020 8481 6000.

Allergan eyes the market with cool, refreshing drops

Allergan aims to help keep eyes cool and fresh with two new eye drop products.

Refresh eye drops are said to work by helping to boost the eyes' natural protective moisture layer without using harsh preservatives or astringent chemicals.

Refresh 'instant revival' is formulated to give tired eyes a quick boost. A multi-dose 15ml bottle lasts for up to 60 days.

Refresh 'soothe and



'protect' is a longer lasting formulation presented in packs of 20 single use vials suitable for handbags or pockets.

Both products retail at £3.99.
Allergan Ltd.
Tel: 01494 444722.

WE CAN HELP YOU SET YOURSELF FREE FROM SMOKING



Nicotinell supports the Quitters

Novartis Consumer Health has produced a **Nicotinell pharmacy smoking cessation community support pack** in conjunction with Quit.

The pack contains information to enable pharmacists to contact local businesses and offer support with smoking cessation schemes.

Each pack includes a draft letter, introducing the support services for smoking cessation; posters to provide a contact point for those wishing to give up; a booklet on 'how to help your customers stop smoking'; merchandising materials and headed paper.

Novartis Consumer Health.
Tel: 01403 323945.

Briefs

One-step solution for eyes

ICN Pharmaceuticals has developed a new one step contact lens cleaning range which is exclusive to pharmacies. **Unicare Contact Lens cleaning range** offers a single solution for the care and cleaning of soft, hard and gas-permeable contact lenses. The range comprises Unicare Blue for soft lenses, Unicare Green for hard and gas permeable lenses, Protein Cleaning Tablets and Multi Purpose Lens Case.

The Miles Group.
Tel: 01484 852411.

Optrex takes a clear look

Optrex has a fresh, new look with packaging designed to help differentiate between the variants. Core Optrex now carries the word 'Original' on the front of the pack, while Optrex Clear Eyes has the wording 'pharmacy only' on the pack front and Optrex Lotion carries full instructions on the pack itself instead of having an instruction leaflet inside.

Crookes Healthcare Ltd.
Tel: 0115 953 9922.

Combi offers double strength relief

Bayer has upgraded its **Canesten Combi** thrush treatment to offer double strength relief from the itching associated with thrush and vulvitis. The new pack (£7.89) contains a 10g tube of Canesten Thrush Cream (2 per cent clotrimazole) plus a single vaginal 500mg clotrimazole pessary with a lactic acid coating to help restore the natural pH level of the vagina.

Laser Healthcare.
Tel: 01202 780558.



In a lather over Imperial Leather Foamburst relaunch

June sees the relaunch of Cussons Imperial Leather Foamburst Shower Gel with five coloured gel variants (£2.99).

Vitality C replaces Vitality. It is enriched with vitamin C, with a refreshing citrus fragrance.

Invigorate replaces Fitness and is targeted at the male market. It contains ginseng and has a cool, crisp fragrance.

Perfect Balance replaces Radiance and is pH balanced, with skin soothing conditioners.

Pure Luxury is a new feminine variant enriched with jojoba and with a rich, exotic fragrance.

Moisture Delight is the same as the current Delight variant but is renamed to stress its added moisturisers.

Packaging is designed to improve communication of the variant benefits. July sees the launch of Imperial Leather Everyday Freshness, a bar soap with a fresh, cool fragrance and containing sea minerals and moisturisers. The soap will only be available in a pack of four x 125g bars (£1.89). Cussons (UK) Ltd. Tel: 0161 491 8000.

New Sure deodorants for men and women

Elida Fabergé is launching new Sure variants for both sexes.

Sure Oxygen is an invigorating new fragrance for women. It has a fresh yet feminine scent with clean top notes of hyacinth, fruity middle notes of green apple and woody base notes of cedar and sandalwood.

It is available in four variants — Anti-Perspirant Aerosol (200ml, £2.19), Big Ball Roll-on (50ml, £1.39), Ultra Dry Cream (50ml, £2.39) and Invisible Stick (40ml, £1.99).

Sure Cobalt for Men,

currently available only in an aerosol applicator (200ml, £2.19), is a new male fragrance containing a micro mineral formulation to deliver confidence and reassurance. It has citrus top notes of bergamot, with middle notes of black tea and base notes of cedar wood and musk.

A total of £20 million will be spent on support for the Sure brand this year. Elida Fabergé. Tel: 020 8481 6000.

Body language from Nivea

The Nivea Body range is being expanded with new body moisturisers.

Nivea Body Firming Lotion Q10 (200ml, £4.75) contains coenzyme Q10 to increase skin firmness.

Beiersdorf says Q10 enhances the firming action by regenerating cellular activity and neutralising the effects of free radicals which can cause loss of tone. The lotion is suitable for all skin types.

Colour-free and pH neutral Nivea Soothing Body Moisturiser (250ml, £3.95) is a rich lotion with a high lipid content for irritated, sensitive skin caused by dryness.

Nivea Moisturising Body Spray (150ml, £4.99) is in an easy-to-use pump action spray. It is formulated to be quickly absorbed, leaving a matt finish.

Distributor: Smith & Nephew Consumer Products Ltd. Tel: 0121 327 4750.

New Dove bodywash cleans and nourishes

Dove Nourishing Bodywash is a new dual-chamber product designed to nourish the skin as well as cleansing and moisturising it.

The product aims to feed the skin with essential nutrients and vitamin E so there is no need to apply body lotion after showering. It is formulated to promote ceramide production to nourish the skin's protective lipid layer and regenerate the skin below the surface.

Used with a skin puff, the bodywash (236ml, £4.49) forms a rich creamy lather. The dual action formula is contained in two separate chambers: the white side containing a gentle cleansing agent and the pink side containing a

nourishing and vitamin E-rich body lotion.

• A new look, with softer pack graphics, is being introduced across the Dove Personal Wash range. Dove Ultra Moisturising Body Wash and Dove Bath are being relaunched with longer, slimmer packs with more feminine appeal.

Dove Ultra Moisturising Body Wash puff pack has been redesigned to promote a more premium image.

• New Dove Fresh Blue Deodorant has an invigorating, fresh fragrance and the formulation contains moisturising cream. The new variant is available in an anti-perspirant aerosol (150ml, £2.09). A Fresh Blue roll-on, stick and cream will be available from the end of June.

Elida Fabergé. Tel: 020 8481 6000.



Say Aloe to new body lotion and deodorant from Vaseline Intensive Care

Elida Fabergé is launching a new Vaseline Intensive Care aloe variant which spans the skin and deodorant ranges.

Aloe Fresh is designed to create a younger, more contemporary image across the brand and is expected to be bought by younger consumers.

Vaseline Intensive Care Aloe Fresh Body Lotion with aloe vera and cucumber (400ml, £4.35; 200ml, £2.79) is a revitalising all over body lotion to soothe, refresh and help rehydrate skin. It is easily absorbed, non-greasy and its cool, refreshing fragrance and soothing properties make it suitable for after sun application.

Vaseline Intensive Care Aloe Fresh Deodorant (150ml aerosol, £1.99; 50ml cream, £2.29; 50ml roll-on £1.39) contains aloe plus pro-derma — a blend of ingredients to help protect the underarm skin.

Elida Fabergé. Tel: 020 8481 6000.

PRODUCT INFORMATION FOR NUROFEN MELTLETS Each tablet contains 200mg ibuprofen Ph Eur. **Indications:** For the relief of mild to moderate pain such as headache, backache, period pain, dental pain, rheumatic and muscular pains, migraine, cold and flu symptoms and feverishness. **Dosage and Administration:** Place a tablet on the tongue, allow to dissolve and then swallow; no water required. Adults and Children over 12 years: Initial dose 2 tablets, then if necessary 1 or 2 tablets every 4 hours. Do not exceed 6 tablets in any 24 hours. Not for use by children under 12 years of age. Elderly: No special dosage modifications required, unless renal and hepatic function is impaired, in which case dosage should be assessed individually.

Contraindications: Hypersensitivity to any of the constituents, aspirin, or other NSAID's. Patients with existing, or a history of, peptic ulceration. Patients with a history of bronchospasm, rhinitis, or urticaria associated with aspirin or other NSAIDs.

Precautions and Warnings: Caution is required in patients with cardiac or hepatic impairment. In patients with renal impairment, renal function should be monitored since it may deteriorate following the use of any NSAIDs. Bronchospasm may be precipitated in patients suffering from, or with a previous history of, bronchial asthma or allergic disease. Patients taking any other pain reliever, regular treatment and pregnant women should only take Nurofen Meltlets after consulting their doctor. The elderly are at increased risk of the consequences of adverse reactions. Undesirable effects may be minimised by using the minimum effective dose for the shortest possible duration. If symptoms persist, consult your doctor. **Side effects:** Gastro-intestinal - abdominal pain, nausea and dyspepsia. Occasionally peptic ulcer and gastro-intestinal bleeding. Skin - Pruritis, urticaria. Rarely exfoliative dermatitis and epidermal necrolysis have been reported with ibuprofen. Renal - Papillary necrosis which can lead to renal failure. Others - Hepatic dysfunction, headache, dizziness, hearing disturbance, unpleasant after taste. Rarely, thrombocytopenia. **Product licence Number:** PL 00327/0108. **Licence Holder:** Crookes Healthcare Limited, Nottingham NG2 3AA. **Legal category:** GSL **Price:** £2.49 (12's) **Date:** February 2000.



£3m TV
campaign

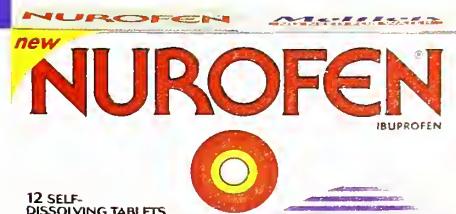
customers on tap

Stand by for the latest sensation in OTC medicine – an oral pain reliever that melts in the mouth without water! There's never been a sales opportunity like it.

New Nurofen Meltlets contain ibuprofen in a unique formulation that dissolves quickly on the tongue with a pleasant lemon taste. They offer maximum convenience to all your customers on the road, at work, or out and about, who find themselves in need of pain relief but nowhere near a tap!

no water required

new



12 SELF-DISSOLVING TABLETS

Meltlets
NO NEED FOR WATER



Pain Relief On The Go

TARGETED RELIEF FOR PAIN

ibuprofen



Witch wakes up the skincare market – naturally

Watch out for Witch

Watch out for a refreshing new look in pharmacies this spring with new-look Witch from E. C. De Witt. The relaunched 'Witch' products, formerly known under the brand name Witch Doctor, contain cleansing, soothing, natural witch hazel to offer the essential range for clear, healthy skin.

As consumers are increasingly turning to natural ingredients, there are plans to broaden the new Witch range by introducing additional products in the future.

The new-look Witch range

Striking new packaging, giving the brand a simpler, more modern feel, features a prominent tree icon to communicate the witch hazel ingredient more clearly. The range includes:



– **Witch Stick** is a handy natural witch hazel stick formulated with an anti-bacterial ingredient to help combat spots, dry up oily patches and shrink enlarged pores.

– **Witch Cleansing & Toning Pads** offer the consumer a convenient and refreshing way to remove the last traces of dirt, make-up or soap. The anti-bacterial and cleansing properties of natural witch hazel make the soft and gentle pads ideal for cleansing, refreshing and toning the skin.

– **Witch Doctor Skin Treatment Gel** combines natural witch hazel extract with skin treating conditioners to immediately relieve skin irritations or itching and reduce swelling and redness.

– **Witch Doctor Lotion** is formulated with natural witch hazel in a mild antiseptic solution to soothe and relieve minor skin irritations, bruises, sprains and sore unbroken skin.



provides lasting relief and the addition of vitamin E retains moisture in the skin, helping to minimise skin peeling.

Heavyweight support package

To help drive sales and raise awareness of the new Witch range, a £2 million support package, comprising advertising and PR, will be launched in May 2000. A heavyweight consumer and trade advertising campaign will feature in most leading teenage and women's consumer titles and trade publications. The creative will focus on the natural brand positioning and strong heritage of witch hazel with the strap line 'Witch. Strong in spirit. Gentle on skin.'

The interactive PR campaign will raise awareness of the new range through a series of media skin care clinics and promotions.

David Fowler, FK Marketing Director, comments, "Independent research conducted by Witch revealed that 67%* of women prefer to use natural skin care products. With the natural benefits of witch hazel and the striking new

packaging, we are confident that the new-look Witch range will wake up the skincare market as consumers look for simple yet highly effective skincare solutions."

The Witch products and their ingredients are not tested on animals. For further information on the new-look Witch range of skincare products, call E. C. De Witt on 01928 579029

• Independent Witch research conducted by MRSI – 150 women, aged 16-44 years old, were interviewed nationwide in March 2000.



Why recommend Witch?

Recent independent research* commissioned by Witch revealed that:

- One of nature's best kept secrets, natural witch hazel helps to reduce skin redness and blemishes, dry up oily patches and cleanse pores
- Witch with natural witch hazel can offer a natural and effective solution for all skin requirements from beating spots, refreshing skin or treating irritated skin
- 63% of women feel that the condition of their skin is more important than the clothes they wear or their hairstyle*
- 62% of women follow a regular skin care routine*
- 42% of women prefer to use natural treatments on spots and blemishes*

The Witch products and their ingredients are not tested on animals. For further information on the new-look Witch range of skin care products, call E. C. De Witt on 01928 579029

*The Witch research was conducted by MRSI – 150 women, aged 16-44 years old, were interviewed nationwide in March 2000

We've given Witch Doctor the treatment.

Introducing the new Witch range of skincare products. We've taken all that's good about Witch Doctor...and made it even better. You can recommend proven, effective products with the cleansing and soothing qualities of natural witch hazel. And we have big plans for Witch in the future, so you'll be able to offer an even wider Witch range when we introduce more exciting new products. So make sure you place your order for the Witch range today. With a heavyweight £2m advertising and PR launch behind it, we're expecting quite a demand!

Witch. Strong in spirit.

Gentle on skin.

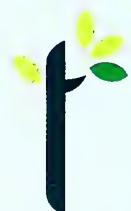


Witch Stick, Cleansing & Toning Pads,
Skin Treatment Gel, Lotion, Sun Sore Soothing Gel.



Renaming

Witch. The new name
for Witch Doctor



Repackaging

Eye-catching
new packaging



Reinvesting

Heavyweight
£2m advertising
and PR launch



Remarketing

New products,
new profit opportunities

witch™
with Natural Witch Hazel



Braun gives Silk-épil range new appeal

Braun is relaunching its Silk-épil range of epilators with a new, entry-level model and new colours for existing products.

The new two-speed **Silk-épil** in 'Botanica' green is priced at £34.99 to encourage new users.

The **Silk-épil Leg-epilator** and top of the range **Silk-épil Bodysystem** with epilator and a shaver head both have a new look with colours inspired by nature. The Leg-epilator, with three speed settings (£39.99), is now in Aqua, an iridescent blue, and the Bodysystem (£49.99) is in Alabaster, a subtle sand colour.

Braun reports that, in consumer testing across Europe, 78 per cent of testers preferred Braun epilators to their main competitive models. They found Braun products significantly less painful and more effective. As a result, the packaging now shows a new 'Most Gentle' claim.

The packs also highlight the long-lasting effects of epilation, stating that Silk-épil will give smooth legs for up to three weeks.

Braun UK Ltd
Tel: 020 8560 1234.

Braun says drying should go with a Swing

The **Braun B1200 Swing** is a new mid-range hairdryer aimed at women who want a value-for-money dryer for everyday use.

The Braun Swing (£11.99), in shiny/matt black and grey, is

compact and well-balanced with an ergonomic handle. It has 1200 watts of power, a combination heat/speed switch, concentrator nozzle and a power flower attachment for extra gentle drying.

Braun UK Ltd
Tel: 020 8560 1234.

Philips hair removal innovations

Philips is introducing two innovative hair removal products for women.

Ladyshave Skin Comfort is the first ladies shaver to moisturise and condition as it shaves. The razor contains a sachet of Nivea Body Lotion, which is applied automatically during shaving.

The lotion soothes and hydrates the skin, as well as helping the Ladyshave to glide easily over the skin for a closer shave.

The shaver can be used wet or dry and has interchangeable foils, one for legs and one for underarms.

The two Skin Comfort models are a battery model – HP6340 – which comes in pale green and retails at £29.99, and a rechargeable model – HP6346 – in pale blue and retails at £39.99. Each pack contains three sachets of Nivea Body and a lotion dispenser. Body lotion refill sachets are available in packs of five, retailing at £4.99. A national advertising campaign will run until the end of June.



Philips' new epilator **Satin-Ice** (HP6433, £54.99) uses the cooling powers of ice to eliminate the 'ouch' factor.

A small detachable skin cooler containing water is frozen using the cassette provided, then clicked on to the epilator for use. The iced cooler numbs the skin before epilation and soothes it afterwards.

A two-speed pincette system means the epilator can be used on hair as short as 0.5mm and after epilation legs remain hair free for four to six weeks.

Satin-Ice comes in pastel green and ice white shades, and is supplied with a useful carrying pouch.

Philips Domestic Appliances.
Tel: 0845 601 0354.

A clear case for eyes from Miners

Paul Murray is launching a new clear mascara in its Miners range.

Clear Lash Mascara (£2.99) is a clear shine for lashes that can be applied smoothly with a specially designed brush to coax and fix the lashes in place.

Miners Clear Lash Mascara comes in a clear tube with a brushed silver top.

Paul Murray plc.
Tel: 023 8046 0600.

Margaret Astor in the UK

Coty is launching **Margaret Astor**, its largest global colour cosmetics brand, into the UK market.

The range, exclusive to Boots from April and available to Superdrug from June, represents 50 per cent of Coty's turnover in the mass-market cosmetics area worldwide. Coty may consider expanding distribution at a later date.

The launch colour collection comprises 54 lip, 50 nail and 27 eye colours ranging from classic to high fashion shades.

Coty (UK) Ltd.
Tel: 020 8971 1300.

Briefs

Oxygen is working on Impulse

Elida Fabergé is relaunching its **Impulse** female bodyspray range and adding a new **Oxygen** sub platform. New packaging for the eight existing Impulse variants (75ml, £2.19) is designed to communicate the brand repositioning of all over body freshness. New spray technology provides an invigorating cool sensation on application. The new Oxygen sub platform comprises two variants – **SCI**, an invigorating, uplifting fragrance, and **Air**, which is formulated to gently exhilarate the body (both 75ml, £2.19). Packaging features a co-ordinated theme design of blue, silver and white with oxygen bubble graphics.

Elida Fabergé.
Tel: 020 8481 6000.

Vernon Carus for wounds

Hospital wound care expert **Vernon Carus**' new **OTC wound care range** for pharmacy comprises absorbent cotton dressings, crepe support bandages, highly absorbent non-stick dressings, a multi-purpose bandage, a self-adhesive bandage, film dressings, micro-porous tape and a travel first aid kit.

Vernon Carus.
Tel: 01772 744493.

Oral advice for new mums

Colgate has produced a series of booklets of oral advice for pregnant women and new parents. The 'Dental Health for pregnant women, babies and the family' is a health professional guide; two consumer booklets are entitled 'Your guide to dental health during pregnancy' and 'A guide to dental health for your baby and the family'. Copies of the booklets are available to pharmacies.

Colgate Oral Pharmaceuticals.
Tel: 01483 401901.

Now the eyes have it

Laboratoires Garnier has launched **Synergie Eye Wrinkle Lift A** following the success of its Wrinkle Lift A for the face. The new product is hypoallergenic, fragrance-free and contains vitamin A with galutine a plant extract from beech tree buds, which boost natural cell renewal.

Laboratoires Garnier.
Tel: 0161 655 1400.

Masterful travel range

Cork International is relaunching its **Travel Masters** travel accessories. Cork acquired the brand last year and the range now features more than 60 items including: the Travellers' First Aid Kit; Travel-eze Wrist Bands to prevent travel sickness and Sun Check Animal Shapes, which indicate when the maximum safe level of UV has been reached.

Cork International.
Tel: 0115 973 8898.

Rembrandt naturals

Rembrandt Naturals (128g, £9.95) are three new whitening toothpastes which are free from artificial sweeteners, chemicals and dyes. Even the whitening agent, citroxain, is derived from papaya. The three new variants are soothing Aloe Vera and Echinacea; invigorating Raspberry Leaf and Mint; and freshening Papaya and Ginseng.

Grafton International.
Tel: 01543 480 100.

The Cambridge Counterpart training course for pharmacy assistants is sponsored by Whitehall Laboratories and Chemist & Druggist

CHEMIST & DRUGGIST

WHITEHALL

CAMBRIDGE COUNTERPART

PHARMACY ASSISTANT DEVELOPMENT



The article on general footcare on the next page is an extract from the third module of the Chemist and Druggist Cambridge Counterpart training course for pharmacy

assistants. Other topics covered in the full Footcare and Oral Care module are athlete's foot, verrucas, preventing tooth decay, gum disease and general oral care.

We are including selected extracts from the course modules together with sample questions in OTC to give you an idea how the course is structured. However, to meet the standards of the Royal Pharmaceutical Society of medicines counter assistants, you will need to register for the whole course, with its associated telephone marking system. Full details of how to join the course appear below.

Cambridge Counterpart is a course designed to train pharmacy assistants to Royal Pharmaceutical Society standards. This 14-part modular course is delivered by Chemist & Druggist and Whitehall Laboratories and has been accredited by the College of Pharmacy Practice.

Modules covered by the course include Summer Healthcare, Coughs and Colds, Skin Disorders and Healthy Lifestyles. Each module comprises a 5-page learning document for use by up to four assistants, together with individual assessment sheets and case studies. The pharmacist acts as the tutor, providing feedback for the assistant and help with the case studies. A pharmacist briefing pack supplied with the course contains summaries of each module, together with guidance on tutoring.

After completing each module and its corresponding assessment, the pharmacy assistants can register their scores using Chemist & Druggist's telephone marking system. The telephone marking system allows up to two test opportunities for each module and provides instant results on the phone. The scores are logged and stored on computer, and a letter with your scores is sent to you when you have completed the course. Your pharmacist is then asked to 'sign you off' before you receive your College of Pharmacy Practice certificate.

A complete set of training modules, together with assessments, case studies and briefing pack costs only £17.63 (inc VAT) and can be used with up to four assistants. Each assistant must register for telephone marking and College of Pharmacy Practice accreditation, at a cost of £29.38 per person. To register for the course, fill in the form opposite. Your pack will be sent to you within 7 days.

TEST YOUR UNDERSTANDING – SAMPLE QUESTIONS

Only tick the boxes that are **correct** statements or **correct** answers to customer questions.



1. 'Is there anything available to help with my teenage son's sweaty foot problem?'



2. 'I've got a corn on my little toe which is painful when I wear my work shoes. Would corn remover liquid ease this?'



3. 'My husband plays a lot of sport and is complaining of itching between his toes. Is it athlete's foot?'



4. 'I am a diabetic and have recently felt throbbing in my feet. Would a scraper help to improve these symptoms?'

REGISTRATION FORM

Pharmacist

Pharmacy

Address

.....

Post Code

Telephone Fax

Course registration fee is £29.38 per person (inc VAT)

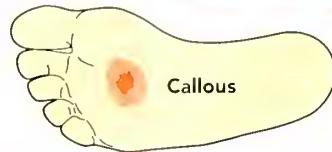
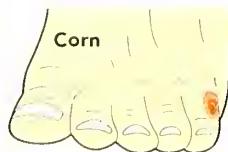
Name £

Sub total £

Please include () complete sets of Counterpart modules 1–14 at £17.63 each (inc VAT) Total £

Make cheques payable to Miller Freeman UK Ltd and send to: Mary Prebble, Pharmacy Editorial Projects, Chemist & Druggist, Miller Freeman House, Sovereign Way, Tonbridge TN9 1RW

1.1 GENERAL FOOTCARE



Corns and callouses



Friction and pressure lead to thickening of the outer layer of skin, as a form of protection. Some hard skin on the soles is natural, but it can become painful. This

accumulation of dead skin is known as a callous if it spreads over a large area. Corns are smaller and more localised.



Symptoms: callouses usually appear on the ball of the foot and create a burning sensation when the hard skin presses on the nerves. With corns, the build-up of skin is cone-shaped, with the pointed part – called the nucleus – pointing inwards. It becomes painful when the nucleus presses on a nerve.

There are two types of corn – hard, which usually develop on top of the toes, and soft which occur between the toes where it is more moist. The cause is usually badly fitting shoes.



Treatment:

- Soaking the feet in warm water, followed by gentle rubbing with a pumice stone
- Rough skin removing creams will also help to moisturise the young skin below.
- More persistent corns might need specific corn removing treatments. These usually contain salicylic acid which softens the dead skin so that it can be removed more easily. They are used daily until the corn can be removed.
- Cover the area with padding, chiropody felt or other forms of protection.



Advice:

- Salicylic acid must be applied only to the corn as it may burn normal skin.
- People with diabetes should not use OTC corn treatments or products such as scrapers and knives. Diabetics have poor circulation which makes their feet difficult to heal if damaged, and prone to infection. This can lead to serious problems such as ulceration and gangrene.



Refer to pharmacist:

- people with diabetes
- elderly people with poor circulation
- persistent corns.

Bunions



These occur when the big toe grows towards the other toes and the joint becomes enlarged. The bone rubs against the shoe and a sac of fluid may form. The area is sore and inflamed. Badly fitting shoes are often the cause.



Treatment: bunion protectors may ease the discomfort.



Refer to the pharmacist: persistent severe discomfort.

Ingrowing toenails



Ingrowing toenails are particularly painful. The side of the nail pierces the skin, leading to inflammation and infection.



Treatment: the problem needs referral to a chiropodist



Advice: nails should be cut straight across at the top, not curving round, and not cut too short. The edges can be smoothed gently with an emery board. Toe caps can give some protection until the customer receives treatment.

Chilblains



Chilblains occur when the extremities – usually the feet, hands or ears – get cold and then warm up too quickly.



Symptoms: hot, red, swollen patches of itchy skin which usually disappear after a few days.



Treatment: there are some traditional chilblain remedies which may help with soreness and itching but cannot claim to cure the problem. Topical analgesics containing salicylates and rubefacients may be useful if the skin is not broken (see module 2).



Refer to pharmacist

- If the chilblains persist, especially if there are painful blisters and ulceration.

Sweaty feet



Some people may complain of excess perspiration. Their feet become white and soggy, almost like athlete's foot, but without the itching or scaling. Regular washing – at least once a day – helps. Socks, stockings and tights should also be washed every day.

Several deodorising sprays and powders are available and deodorising insoles can help shoes remain fresher. Shoes such as trainers, which do not allow the feet to 'breathe', are especially likely to cause problems. Antiperspirants may also be used to control excess perspiration; those containing aluminium are particularly effective but must not be applied to broken or irritated skin.

Putting the bite on...

Whether it's a mosquito in Malaga or a dog in Darlington, all creatures great and small are waiting to sink their teeth or other spiky body parts into our tender flesh.

Jeremy Clitherow MBE FRPharmS explains how to help the victims

Before you know it, a passer-by will come running into your pharmacy shouting that someone's been bitten.

Will it be a toddler whose finger has been bitten by a customer's dog, an acute asthmatic who has been stung in the mouth or a swarm of wasps that has landed on a baby's pram?

These are the realities of pharmacy. They do happen. People trust us, and that's why they dash in, literally begging us for help. The answer is simple. Be prepared and plan your course of action before the crisis happens.

Dog bites

We all have an old Mrs Jones on our books, living alone with just her grumpy old dog for company. Children don't realise that he will bite if tormented – and snap he does when innocent fingers come too close.

The typical domestic dog bite will show a couple of depressions – not even puncture wounds – from the dog's canine teeth (the eye teeth) on the top and bottom of the patient's hand. Immediate first aid is called for. Reassure the patient, and Mum or Dad. Wash the area well in warm, soapy water, inspect closely for breaks in the skin and make sure that no bones are broken.

Assuming all is in order, raise the limb and apply a cold compress. It works wonders if you apply the treatment quickly, but don't be tempted to apply a pack of frozen peas straight from the freezer. Unprotected, it is too cold and the skin will stick to the pack. Wrap the peas – or ice cubes – in a tea towel first.

A dose of paracetamol suspension or ibuprofen syrup at bedtime will help.



Occasionally, someone will try to separate fighting dogs only to come off worse than either of the combatants. This will be a case of multiple bites but the chances are you will be dealing with what they call "the walking wounded" in hospital language, and that

is just where to send the patient. At the hospital, the questions they will address are rabies, tetanus, infection and broken bones.

The worst case is that of a dog savaging a child. The victim will have been repeatedly bitten on the face and arms.

Such cases always need urgent medical care. Stay with the patient and the parents or carers, and send someone else into the shop to dial 999 for an ambulance. One word of advice, which is often forgotten in the heat of

Continued on P20 →

the moment is that when they have made the call they must come back to tell you that the message has been successfully passed on and the ambulance is on the way!

In the meantime, apply clean, dry, non adherent sterile dressings to the broken skin and apply firm pressure over the site to control the bleeding. If the first dressing becomes full of blood, apply another on top. A clean tea towel is invaluable at such times. Don't try to replace the older soiled dressing.

Give nothing by mouth, keep the victim warm and, if they collapse, place them in the recovery position. Needless to say, keep checking the vital signs.

Remember the *aide-mémoire*, ABC = airway, breathing and circulation.

Bee and wasp stings

These are usually painful but not life threatening. The symptoms will include a sudden sharp pain, redness, swelling and sometimes itching as well as the soreness. The quicker you can apply a cold compress, the less the patient will feel the sting. Recommend aspirin (not to asthmatics, gastro patients or the under 12s) paracetamol or ibuprofen for the pain.

A wasp has a pointed, straight sting, which it retracts and removes after the event whereas bees have a barbed sting, which remains in the victim.

Patients can never remember which sting is alkaline and which is acidic and nor can many pharmacists, so to apply bicarb or vinegar is likely to be wrong in 50 per cent of cases.

It is better to look closely at the site and, if there is a sting left in, assume it is a bee. The sting will have to be removed as soon as possible. Don't use your fingers unless you have long nails and try not to squeeze the wound; you will only make it more painful as the venom goes deeper into the tissues.

Use forceps or eyebrow tweezers instead and grasp the sting close to its entry into the skin. If you are out in the country, with no tweezers to hand, use the edge of a credit card. Gently scrape the sting, and its venom, away from and out of the wound. It works very well.



Mosquitoes are not only common to holiday destinations

In all other cases, don't touch the site at all.

Topical antihistamines have come in for some criticism in the past because of the risk of sensitisation. Nevertheless, they still have a large following of well-satisfied customers. Antihistamine sprays are more comfortable to use than creams, mostly because they cool the area rapidly and don't have to be rubbed in, but practitioners now seem to agree that antihistamines work better if you give them orally, and recommend the tablet or syrup presentations.

There are some hidden benefits to the older, sedating, antihistamines. They calm down fractious kids, and, in turn, that works wonders for their parents and carers, too. Promethazine, dimenhydrinate and, less so, chlorpheniramine are the popular sedative antihistamines. The newer, non-drowsy antihistamines include cetirizine, acrivastine and loratadine. They are often formulated into a once a day tablet presentation for 24 hour protection.

Hydrocortisone cream is also now licensed for minor bites and stings. Use it sparingly on unbroken skin and apply once or twice daily for a maximum of seven days only.

The complications to worry about in all cases of insect bites and stings are shock and allergic reactions.

In severe cases there will be a total collapse. This is a real medical emergency and the patient's life is in the balance. Dial 999 immediately and give supporting assistance as needed.

The patient may display any of the following: profound swelling of the lips, tongue and face, difficulty breathing, bluing of the lips

and skin, problems with swallowing, weakness, dizziness, and cough. The speed with which collapse can come about is frightening. It happens literally in front of you, as you are talking to them!

Patients who have had this type of reaction in the past will invariably tell you that they have an inhaler, or adrenalin syringe, in their pocket. Don't worry, there is always an instruction leaflet with them. Just follow the script.

Repellents

The oldest insect repellent of all is oil of citronella, which has a pleasant citrus smell. Nowadays we recommend products based on DEET and DMP, di ethyl toluamide and di methyl phthalate. They are almost odourless to us, but insects hate them. In the bedroom you can use repellent tablets, which plug into the electric sockets, or evaporating candles.

Mosquito bites

All our customers complain about their mosquito bites in the summer. Not so long ago there was a scare that mosquito bites transmit AIDS. That was quite quickly and easily dispelled. The continuing fear revolves around malaria and it is up to us to explain that it is only the infected mosquito which transmits malaria.

If the mosquito is not infected, which it won't be in this country, the only treatment necessary is symptomatic.

The mosquito has a long, slender proboscis which it uses to puncture the host's skin. But before it sucks up the blood from the victim, it injects a tiny sample of its saliva under the skin. The saliva contains an anticoagulant to prevent blood clotting in its proboscis and this saliva is intensely irritant to us. It

produces an instant reddening and a profound itch – the textbook histamine response.

Treatment for midges and mosquito bites is the same. Apply cold compresses to constrict the surface blood vessels and stop the spread of the histamine. Use an antihistamine product – and be better protected from bites in the future.

Malaria

Malaria kills nearly two million people worldwide each year. The symptoms will be rather like 'flu and develop within seven days after being bitten by the infected mosquito. Headache, fever and cold sweats are typical. If the symptoms are going to appear the first signs will nearly always develop within three months.

Many babies are conceived on exotic holidays and how you explain the message that malaria is dreadfully dangerous to an unborn foetus will need careful planning, too. For more advice on malaria, see our travel medicine feature on p28.

Counselling tips

- Animals bite for three reasons: to eat you, to feed from your blood or to scare you off
- Domestic dogs only bite to scare, but think the worst: rabies and tetanus
- Cats rarely bite, they scratch: think infection
- Jellyfish only sting to keep you away, but some can be fatal
- Mosquitoes, like fleas and lice, bite to feed off your blood, that's why they inject some anticoagulant saliva first
- Protection is better than cure: avoid being bitten or stung
- Cover up in the high risk places and at high risk times
- Avoid bright colours and perfumes
- Stings in the mouth are very dangerous: suck on an ice cube or lolly
- People can collapse and die from being stung: be prepared before it happens
- Watch for signs of shortness of breath and bluing of the lips
- If the circulation collapses, place the patient flat and raise their legs
- In high risk situations and if in doubt, dial 999 immediately
- Malaria is a killer – take the tablets before during and after the trip, and be careful not to get pregnant while there, unless you really want to!

Recommend Piriton for all the family's allergies.

Allergy is on the increase. Some estimates suggest that soon half the population will suffer from an allergic reaction of some sort. And allergy means more than just hayfever.

Common allergies include reactions to house dust mites and pet fur as well as allergic skin reactions to cosmetics, perfumes, etc and to insect bites.

In these cases the symptoms are generally pruritus (itching) and erythema (redness). Thankfully, in almost all cases of allergic reaction, Piriton, being an antihistamine, can help.



Histamine is responsible for many of the unpleasant symptoms of allergy. Itching and redness in the eyes, nose and skin, and constriction of the airways as a result of swelling and inflammation of the lining of the nasal cavities and lungs are all attributable to histamine production.

Other local effects of histamine include watering of the eyes and hypersecretion of mucus in the nose and lungs.

The antihistamine in Piriton is chlor-

pheniramine, a traditional antihistamine effective in treating hayfever, perennial rhinitis, allergic eczema (dermatitis) and urticaria.

And Piriton delivers relief fast—usually within half an hour.



Having been prescribed for over 40 years Piriton has a long history of use, with a well established safety profile. The most well known potential side effect of antihistamines is drowsiness, with even some of the newer antihistamines advising consumers not to drive or operate machinery if affected.

If using an antihistamine for the first time, it's worth recommending to consumers that they check for this side effect. Often tolerance to the sedative effect develops within a week or so!



Unlike many antihistamines, Piriton offers relief for the whole family—it's one of the few antihistamines available OTC to children as young as 12 months. In syrup form it can be used to relieve the symptoms of common childhood conditions such as allergic eczema and chickenpox.

The Piriton range comprises Piriton Syrup,



which is suitable for adults and children aged 1 year and over, and Piriton Allergy Tablets which are suitable for adults and children from 6 years onwards.

Recommend it for fast, effective relief of all antihistamine responsive allergic reactions.

PIRITON™

Contains chlorpheniramine

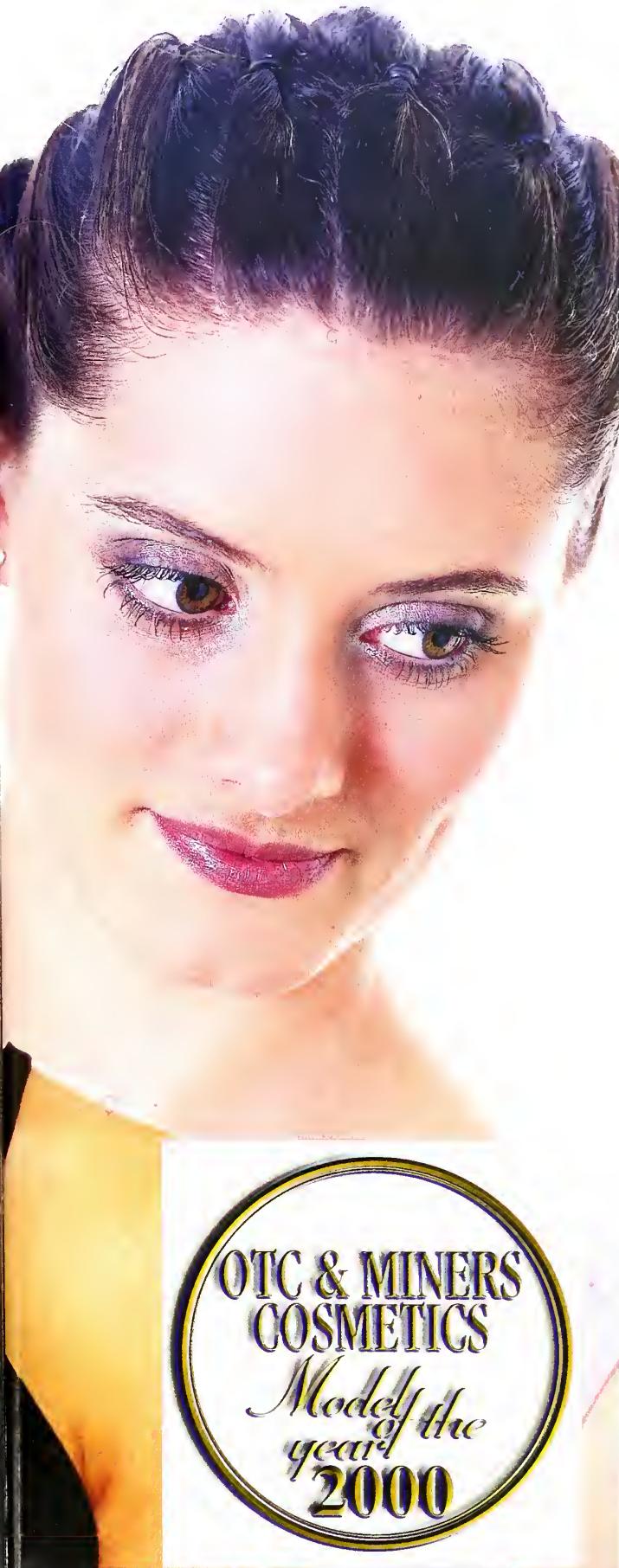
References 1. Nuovo J, et al. J. Am. Board Fam Pract. 1992; 5 (2): 137-141. **Product Information:** Piriton Tablets and Piriton Allergy Tablets containing 4mg chlorpheniramine maleate. Piriton Syrup containing 4mg chlorpheniramine maleate in 10ml. **Uses:** Symptomatic relief of allergic conditions including hayfever. **Dosage and administration:** Tablets. Adults: 1 tablet. Every 4-6 hours. Children aged 6-12 years: 1/2 tablet. Every 4-6 hours. Syrup: Adults: 10ml. Every 4-6 hours. Children aged 6-12 years: 5ml. Every 4-6 hours. Aged 2-5 years: 2.5ml. Every 4-6 hours. Aged 1-2 years: 2.5ml, twice daily. **Contraindications:** Hypersensitivity. Concurrent or recent treatment with MAOIs. **Precautions:** May increase effects of alcohol. May effect ability to drive and use machinery. **Co-existing conditions:** Use with caution in prostate, respiratory, liver, cardiovascular and thyroid disease; epilepsy; glaucoma and other eye conditions. Syrup contains sugar, use with caution in diabetes. Maintain good dental hygiene. **Pregnancy and lactation:** Consult doctor before use. **Side effects:** Sedation. Less commonly gastrointestinal disturbances, blurred vision, headaches, urinary retention, dry mouth, muscular incoordination, jaundice, cardiovascular disturbances, chest tightness, dizziness, blood dyscrasias, allergic reactions and tinnitus. Children and the elderly are more prone to the neurological anticholinergic effects and rarely may become confused or excitable. **Retail selling price:** Piriton Allergy Tablets 30: £2.85; Piriton Syrup 150ml £3.79. **Legal category:** P. **Product licence numbers:** 0036/0090 (Piriton Tablets), 0036/0088 (Piriton Syrup), 0036/0091 (Piriton Allergy Tablets). **Product licence holder:** Stafford-Miller Limited, Welwyn Garden City, AL7 3SP. **Date of preparation:** March 2000. DO 4166.

Model assistant 2000...



Our three previous winners - left to right: Philippa Myles, Susan Grant and Angelina Coxon

...be a star for a day!



Once again, we are giving Over the Counter readers the chance to be a model for a day.

For the fourth year, we have joined forces with Miners Cosmetics to organise the OTC/Miners Cosmetics model competition for pharmacy assistants.

Each year we are overwhelmed with both the level of interest and the high standard of entries, as you can see from the photographs of our three previous winners.

Last year's winner was Angelina Coxon, from Blyth in Northumberland, who works part-time at Lloydspharmacy in Blyth.

She travelled to London with her friend, Sarah, for a day of makeovers and photography.

Professional make-up artists, a top fashion photographer and OTC art editor Tony Lamb helped create the stunning looks that we have featured in OTC.

The competition is open to full and part-time pharmacy assistants in the UK. All you have to do is complete the coupon below, attach a recent photograph and send them to the address given. And as this competition concentrates on the face, you don't have to worry

about your height.

If you're chosen to be the first OTC/Miners Model of the 21st century, there's a great prize waiting for you.

You'll spend a day at a photographic studio in London, where Miners Make-up Artist of the Year Caroline Donnelly will create exciting new looks for you using the extensive range of Miners products and a hair stylist will set to work on your crowning glory. Then the end result will be captured by a leading photographer.

Not only will you discover a brand new image, you will also appear in three issues of OTC during 2000 and 2001.

The winning assistant will also receive Miners cosmetics worth £100 and three large-size colour prints from the shoot. Our three runners-up will each receive Miners cosmetics worth £25.

All expenses will be paid, including overnight hotel accommodation if necessary, so don't worry if you don't live near London.

So, if you've ever dreamt about a modelling career or simply wondered what it's like to have a make-over, what are you waiting for? Get your entry form and a recent photograph in the post today.

The closing date for entries is September 1.

miners

To enter, please complete the coupon and send with your photograph to: OTC & Miners Cosmetics model competition, Miller Freeman UK Ltd, Miller Freeman House, Sovereign Way, Tonbridge, Kent TN9 1RW. Photocopies of this form are acceptable.

Name.....

Address.....

Dress size..... Telephone.....

Pharmacy.....

Beware the feelgood factor

Sun worshippers' quests for a tan can mean a heightened risk of skin cancer. Sarah Purcell reveals how you can help customers maximise the pleasure of the sun, without going for the burn

The first rays of early summer sunshine on our skin makes us all feel good, with the promise of lazy days to come in the garden or on the beach.

But with that welcome warmth comes the danger of sunburn – even this early in the season. The burning power of the UK sun in June can equal that of a European holiday resort in mid-summer.

You might think that surely everyone is clued-up about the importance of protecting themselves from the sun, but visit any dermatologist's waiting room and you'll be amazed by the number of patients with sun-related skin conditions.

The Department of Health is so concerned about the rising rate of skin cancers that it has set a target to reduce the numbers by 2005. But there's still a lot of work to be done if this target is to be reached.

Skin cancer and sun

Skin cancer is now the second most common form of cancer in the UK, with 50,000 new cases each year, according to the Health Education Authority. Of these, 4,400 are cases of the potentially fatal malignant melanoma. Around 2,000 people die from this form of skin cancer each year in Britain – a figure that has doubled in the last 20 years.

Malignant melanoma is most common in younger people, and the incidence is 10-12 times higher among



white skinned races. Those most at risk, says Cancer Research, are people with a large number of moles, pale skin and a tendency to freckle.

Research is going on all the time to find cures for skin cancer and, according to Kate Law at the Cancer Research Campaign, there are three new prospects.

"For non-melanomas, photo-dynamic therapy is the most promising new development we've seen; while for melanoma the new vaccine developed in Texas is the most exciting new hope."

This vaccine is being trialled at St George's

Hospital, London, and is thought to work by triggering the immune system to prevent malignant melanoma from recurring.

"The other promising treatment is a drug currently being developed to treat brain tumours, which is also showing promise as a melanoma drug," says Ms Law.

In addition, a new lotion developed by Dutch and German research teams may be able to reverse skin damage caused by sunburn. If successful, the ingredient could be incorporated into commercial sunscreens to prevent and repair burns.

Aims

After reading this article on suncare you should:

- Know the scale of skin cancer in the UK
- Know who is most at risk of sun damage
- Be aware of the best strategies for minimising the risks
- Be able to advise on SPF ratings and the correct way to apply sun products
- Understand the Solar UV index, and be able to explain it to customers

Who's still at risk?

It seems that many of us still long for a tan, albeit a lighter shade than was fashionable ten years ago.

"Teenagers are the worst offenders," she said. "While we have got through to parents of young children and women in their 20s and 30s, teenagers are still governed by fashion."

Dr Anthony Young, a photobiologist at Guy's & St Thomas' Hospital, agrees: "We're not likely to see these people actively avoiding the sun until the fashion for a tan changes radically."

However, at the Health Education Authority, Sharon Crawford believes public health campaigns have had a good effect: "The annual surveys we've carried out since 1995 to find out the percentage of people who get sunburnt has shown a steady decline." In 1995 24 per cent of people

questioned said they had been sunburnt, but this fell to 21 per cent last year. The number who said having a tan was important fell from 28 per cent in 1995 to 20 per cent last year.

Pushing the sun protection message

At the beginning of the 1990s, the focus of sun protection messages was on using high factor sunscreens. But health experts are now concerned that this may have lulled people into a false sense of security.

Research at the European Institute of Oncology in Milan last year found that children who wore a high factor sunscreen were allowed to spend longer exposed to the sun and had a higher number of moles than non-sunscreen users.

The researchers suggest that covering skin with clothing and staying in the shade is a more effective method of protection than using sunscreen.

Dr Anthony Young agrees: "One of the problems with people using high SPF products is that they can become over-reliant on them. People rarely apply sunscreen at the recommended levels, and they often put it on patchily, exposing areas to sunburn. They also tend to overestimate the length of time they can stay out in the sun."

Both the HEA and the Cancer Research Campaign have shifted the focus of their sun protection message to encourage people to use clothing, shade and keeping out of the sun as primary measures and applying sunscreen to any exposed skin. "We don't advise people to rely on sunscreen alone. You should be using clothing and shade as your first line of protection," says Ms Law.

Safe sun advice

- Cover up with loose, cool clothing, a hat and sunglasses
- Seek shade during the hottest part of the day, usually 11am-3pm
- Apply SPF15 sunscreen generously to any exposed skin, and reapply frequently

Solar UV Index

Last summer the HEA launched the Solar UV Index in conjunction with the Met Office. Based on a system originally developed by the World Health Organization, it aims to help people understand the strength of

People are confused by the sun index

A Government survey has revealed widespread confusion over the solar UV index or sun index.

The Statistical Bulletin, 'Knowledge of the solar UV index', reports that two-thirds of the public have heard of the sun index, but only a third understand what the figures stand for.

Only seven per cent of adults surveyed were able to assess accurately the risk of sunburn to their own skin type on a day when the sun index is 6. A further 21 per cent thought they knew how to use the index but were unable to do so, says the bulletin. Adults over 75 were less likely to have heard of the index – and were the least likely to use it appropriately.

Despite these findings, the existence of the sun index is prompting more people to take protective action. Sun cream or sunscreen is used by 33 per cent of men and 47 per cent of women; and keeping out of the sun – by 22 per cent of men and 24 per cent of women – is seen as a response to the promptings of the sun index.

The bulletin is available, free, from the Department of Health, PO Box 777, London SE1 6XH. It can also be accessed via www.doh.gov.uk/public/sb0004.htm

the sun by using a scale of 1-20. Typically, a clear day on the equator would have an index of about 16, while in the UK a level of 7 or 8 is usually the maximum in summer. Levels of 9 or 10 are common in the Mediterranean.

The Solar UV Index levels will be broadcast daily in summer as part of weather forecasts.

Do you know how to apply sunscreen?

While sunscreen should not be the only source of protection, it does need to be applied to any exposed skin. Few of us apply it liberally or frequently enough; applying a thin layer can actually halve the protection you get; so instead of SPF15, you have an SPF7 or 8.

To cover the average adult you need about 35ml of sunscreen, and this should be applied 30 minutes before exposure to the sun to give maximum protection. As an average, sunscreen should be reapplied every two hours – more often if you're in and out of water.

While sun care manufacturers still provide a range of SPF ratings, dermatologists recommend using an SPF15, or higher, for everyone – whatever their skin type. To be safe, recommend an SPF15 sunscreen with the maximum UVA rating, or an SPF30 for children and people with sun-sensitive skin.

Children and the sun

Children are especially vulnerable to sun damage because their skin is thinner and more sensitive, and because they spend much more time outside.

Experts have linked six or more episodes of blistering

sunburn in childhood with an increased risk of melanoma in later life; which is why protecting children under 18 is so important.

The most effective way to protect children when they are outside is with clothing. Closely woven cotton is ideal, with long-sleeved T-shirts and long shorts or skirts to protect arms and legs. A broad-brimmed hat is essential, with sunglasses as soon as children are old enough to keep them on. Cover exposed skin with an SPF15, or higher, and choose a waterproof formulation.

Even after taking these measures, it is still important to limit the amount of time children spend in the sun, and you should try to keep them out of the sun during the hottest part of the day.

Why not fake it?

For those who still can't bear the thought of summer without a golden tan, the safest way is to fake it. Self-tanning lotions are better than ever, and give a golden tan in a matter of hours, with no risk to the skin and no sunlight required.

Self-tans contain an ingredient called DHA (dihydroxyacetone), which reacts with the keratin protein in the outer layers of the skin to turn it brown. How brown you go will depend on the colour of the skin to start with. If skin is naturally pale, several applications may be needed.

Here are some tips on how to get the best from a fake tan:

- First, exfoliate your skin to make sure you get an even result. But don't have a hot bath just before applying it as this can reduce absorption. Pay particular

attention to knees and elbows, which are prone to patches of rough, dead skin.

● Apply the lotion evenly, massaging in gentle, circular movements – and make sure every trace has been absorbed.

● Use sparingly on elbows and knees, as these areas tend to soak up more colour.

● Wait at least ten minutes before putting on a loose gown, and at least an hour before dressing fully.

● Wash your hands immediately, or you'll end up with brown palms.

● The tan should develop within two to four hours. Reapply it if the colour isn't deep enough.

● To maintain your tan, reapply two or three times a week.



Actions

Now that you have updated your knowledge of sun protection, why not put your learning into practice?

- Find out the solar UV index and display it each day next to the sun preparations
- As babies and children are at special risk in the sun, why not talk to parents buying holiday items and stress the need for high protection products for little ones, as well as hats, T-shirts and sunglasses for older children?
- Advise at-risk customers with very fair skin, red hair, or freckles that they can still have a golden glow if they take the plunge and fake it with self-tan products

When it's time to lighten up

When the house starts to look dingy it's out with the brilliant white emulsion, but what do you do when your teeth become dull and stained? Healthwriter Lesley Keen looks at the world of whitening

As we get older, our hair turns white, but sadly the reverse is true with our teeth, which tend to darken naturally with age.

Our original tooth colour is genetically-determined, just like the colour of eyes, hair and skin, but as well as ageing, there are a number of factors which dull the bright, white smile of youth to a grey or yellow hue.

Dentists categorise tooth discolouration as extrinsic or intrinsic.

Teeth may be stained superficially, or extrinsically, by coffee, tea, tobacco, heavily coloured foods or alcohol – red wine is a particular culprit.

They may also be discoloured intrinsically as a result of illness, injury or the use of some medications. The antibiotic tetracycline can cause problems if it is taken in childhood while the teeth are forming or later if tetracyclines are taken as a treatment for acne.

Sometimes, discolouration is caused by the breakdown of tissue inside the root canal when the nerve 'dies', while excessive consumption of fluoride can lead to brown discolouration which is very difficult to treat.

Superficial discolouration from food and drink is easier to deal with, but it is also possible to improve the appearance of many intrinsic problems, though this is a job for a dentist.

If patients do not want to resort to crowns or veneers, customers can try:

- professional bleaching carried out in the dentist's surgery, which may be used in conjunction with a system used at home under the dentist's direction
- whitening toothpastes
- mail order or over the counter whiteners.

A professional job

Dentists can bleach a tooth internally or externally using a hydrogen peroxide solution and this type of treatment has been used in the UK, Europe and the US for many years.

London-based dentist Mervyn Druian, an expert in tooth whitening, says bleaching can achieve



excellent results, lightening the teeth by as much as three or four shades.

Currently, however, there are legal difficulties in the UK over the use of hydrogen peroxide in bleaching treatments. The British Dental Association says the problem is the legal status of the products. In 1998 they were said to be medical devices, but a judgement in the Court of Appeal last year reclassified them as cosmetics.

A spokesman for the BDA said: "If they are cosmetics, their hydrogen peroxide content goes above the level allowed by current cosmetics law. A change in the law is therefore needed to regularise the use of surgery whiteners in the UK."

He stressed that the safety or effectiveness of surgery whitening treatments is not at issue, only their legal status.

External bleaching involves hydrogen peroxide being applied to the teeth, often using a 'nightguard' system where the dentist makes a tray from an impression of the patient's teeth, so the bleaching gel can be applied precisely, without touching the gums. The tray is worn at night, typically over a period of two weeks.

Active ingredients used to help remove stubborn stains include:

- tripolyphosphates, which help to dissolve the stains chemically by binding with them and breaking them up
- silicas/alumina, which have an abrasive action that polishes the stains away
- enzymes such as citroxain (derived from papaya), which help to dissolve the stains biologically.

Some whitening toothpastes use anti-tartar ingredients as less tartar means less staining.

The BDA says it is important to remember that cleaning simply means getting back to the tooth's natural colour and this is not the same as bleaching.

Mervyn Druian says that, from a dentist's point of view, well-formulated whitening toothpastes are useful because they encourage people to brush regularly and thoroughly. But he warns that customers should not try to brush too vigorously with a hard toothbrush as this would damage the tooth enamel.

Wearing you down?

Some customers worry that whitening products may be too abrasive. A BDA spokesman said: "The major manufacturers are well aware of the need to keep toothpaste abrasivity down and their whitening toothpaste brands have abrasivity levels comparable with normal toothpaste brands."

Mail order or OTC

While professional bleaching systems remain illegal, customers may ask about mail order or OTC bleaching products.

The BDA says if these contain enough hydrogen peroxide to be effective they are probably above the legal limit and if they do not they are less likely to have an effect, says the association.

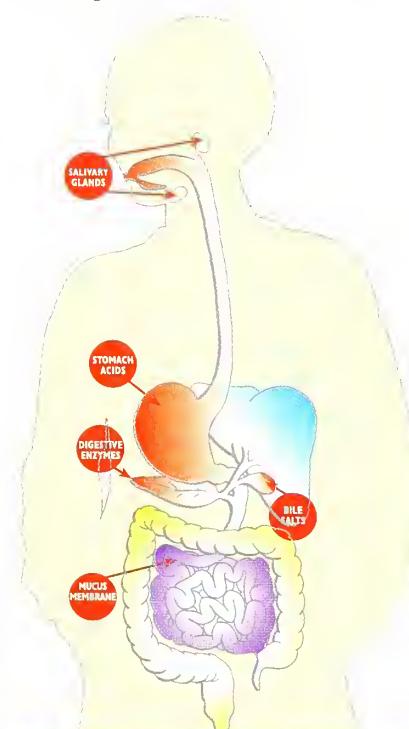
It is also concerned that the application system may not be accurate enough to protect the gums from the potential irritant of the bleaching agent.

PROBIOTICS: A VITAL PART OF THE DIET

The history of probiotics dates back some 2000 years when fermented milks were first used. In 1907, a scientist called Elie Metchnikoff was one of the first scientists to discover the link between the intestinal flora and human health. He saw that Bulgarian peasants who regularly consumed 'sour milk', fermented by lactic acid bacteria, including a species called *Lactobacillus*, lived longer and enjoyed better health.

Probiotics are the beneficial bacteria, which live in the human digestive system and help to maintain the body's natural balance. To possess probiotic qualities a bacteria must be able to reach the small intestine and colon alive after passing through the gastric acids in the stomach. The bacteria also need to occur naturally in the human intestine, be non-pathogenic and be able to adhere successfully to the intestinal mucosa.

Lactic acid producing bacteria (LAB) including *Lactobacilli* are one of the most commonly used probiotic cultures in developed countries. They are found in certain yogurt type products as well as in probiotic supplements. There are a number of different species of *Lactobacilli* including *Lactobacillus johnsonii* (La1), *Lactobacillus casei* and *Lactobacillus lactis*. These bacteria are used to produce fermented milk. During the fermentation process, LAB are responsible for turning sugars, especially lactose into organic acids including lactic acid.



Probiotics clearly have a key role to play in helping to maintain health and well being, particularly in three key areas:

Diarrhoea that occurs as a result of gastrointestinal upset

Infections resulting from poor food handling, drinks or even ice cubes can make holidays a gastrointestinal minefield. Some of the *Lactobacilli* species have shown to have beneficial effects against travellers' diarrhoea. Eating probiotic food regularly for approximately three weeks before travelling abroad may reduce problems or limit the severity of any attacks of diarrhoea, which may occur.

Probiotics and the immune system

Nestlé has identified and patented the strain *Lactobacillus johnsonii* (La1) (sometimes referred to as *Lactobacillus* LC1) which has been shown to promote the immune system and in turn help the body to resist infections.

Nestlé researchers in Lausanne have pioneered research into the stimulation of the immune system by *Lactobacillus johnsonii* (La1) and the effect of the organism on markers associated with the immune system. Thirty human volunteers were given an oral vaccine, which mimicked an enteropathogenic infection such as *E. coli*. After three days the 30 volunteers were administered a probiotic fermented milk product for three weeks. The results showed immunity levels were four times higher in the test group than in the control group.¹

During and after antibiotic therapy, when the gut flora can be altered and diarrhoea can occur

Antibiotics can kill certain commensal organisms and upset the balance of the microflora, allowing pathogenic organisms

to flourish. As a result, even when antibiotics are appropriately prescribed the after-effects can range from a minor digestive upset to diarrhoea. *Lactobacilli* species have been demonstrated to help reduce the risk of diarrhoea following antibiotic therapy.

Nestlé probiotic range

Nestlé has developed a range of probiotic dairy products called LC1 which contain Nestlé's unique ingredient, *Lactobacillus johnsonii* (La1), and is suitable for all the family including vegetarians, diabetics and pregnant women. However, as with all milk and dairy based products that have not been modified to meet their needs, it is not recommended for infants under one year of age.

The range includes yogurt-style desserts: vanilla flavour set cultured milk; and vanilla flavour stirred cultured milk with peach fruit centre. LC1 Go - a citrus flavour, low-fat cultured milk drink.



Nestlé has produced a leaflet which focuses on the role of probiotics in the diet. If you would like to receive a copy please write to: Nestlé leaflet offer, FREEPOST (KT4211) Byfleet, Surrey, KT14 7BR.

Reference

- 1 Marteau P, Vaerman JP, et al. Effects of intrajejunal perfusion and chronic ingestion of *Lactobacillus johnsonii* strain La1 on serum concentrations and jejunal secretions of immunoglobulins and serum proteins in healthy humans. *Gastroenterol Clin Biol*. 1997;21:293-298.

For further information on Nestlé and probiotics please call
Nestlé LC1 CARELINE number

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9.00am - 5.30pm Monday to Friday



Travel without tears

Whether it's a long-awaited holiday or an important business trip, the last thing travellers want is for illness to spoil the journey. Consultant pharmacist Mary Allen examines the dangers and the protective measures that will help make travel a pleasure, not a pain

Did you know that each year more than 30 million holiday and business trips are made abroad? Combined with the vast number who take their holidays in the UK, there are an awful lot of people on the move.

And whether they are off to New York, New Delhi or New Brighton, travellers will be exposing themselves to hazards of one sort or another. In most cases, simple measures will help reduce the health problems that can arise – from car sickness to malaria.

En route

For some people, the excitement of a holiday starts as soon as they close the front door; they love the whole travel 'vibe'. For others, the holiday only really begins once they arrive at their destination.

Motion sickness can spoil getting there. Around a third of the population suffer it, and young children suffer most.

Advise customers to avoid reading and writing when travelling by car and make sure there is plenty of fresh air circulating. Encouraging children to look out at the horizon helps; car seats should be high enough to allow them to see out of the windows. Avoiding large meals and, for adults, avoiding alcohol before travelling can also help. Hyoscine (in Kewells, Kewells Junior, Joy-Rides) and

Tips for avoiding travel sickness

- Avoid large meals, and alcohol, before you go
- Don't read or write while travelling, especially by car
- Look out of the windows at the horizons
- Make sure children's car seats allow them a good view
- On a ship, stay in the centre of the vessel
- Ensure, if possible, that there is fresh air circulating
- Take hyoscine or antihistamines before travelling



antihistamines (Sealegs, Stugeron, Phenergan, Avomine) help prevent or treat motion sickness, but may cause drowsiness or dry mouth. Hyoscine products should not be used by people with the eye condition glaucoma, high blood pressure, heart disease or urinary problems.

Antihistamines have a longer duration of action than hyoscine, and are best taken the night before a journey. They can cause drowsiness; and some, such as promethiazine (in Avomine and Phenergan), can cause increased skin sensitivity to the sun and

should be avoided in sunny weather.

Long-haul trips are increasingly popular, but crossing time-zones can upset the body's natural rhythms and result in fatigue caused by lost sleep. Drinking alcohol or coffee during the flight can make things worse, so these should be avoided. Frequent drinks of water help to minimise dehydration.

Exercise helps to reduce the effects of jet-lag, and the risk of another potential problem associated with long-haul flights – clots forming in the deep veins in the legs.

This happens when people sit for long periods, unable to stretch their legs, and the problem is worsened by the dehydrating effects of alcohol. Standing and walking up and down the plane a few times during the flight can reduce the risk.

Following time-zone changes, it takes up to six days for body rhythms to adjust completely. Taking things easy during the first few days helps recovery, and it's a good idea to adopt local times for bed and meal times. Light exercise also helps.

Customers may ask about melatonin, a hormone

Aims

After reading this article you should:

- Know which travel sickness products to recommend to which groups of people
- Know how to help customers avoid jet-lag and other problems of long-haul travel
- Be able to advise on how to avoid holiday diarrhoea, and OTC products which can relieve the problem
- Give advice to travellers visiting areas with a risk of malaria

excreted by the pineal gland in the brain, and which is available in some countries. Some people find taking melatonin before sleep helps to reduce the effects of jet lag. But it is not yet licensed for use in this country as further evaluation is needed before it can be safely recommended.

The soundest advice is not to get too worked up about jet-lag in advance, and to adopt a sensible routine during travel and on arrival.

People who find it hard to resume a normal sleep pattern may benefit from taking an OTC sleep remedy such as Nytol, Dreemon, Sominex, Phenergan Nightime, Nightcalm, Nytol Herbal, Paxidorm or Ziz for a couple of nights to re-establish their routine.

Tummy troubles

Diarrhoea is a common holiday problem, which can spoil the fun for a couple of days or more. Eating the wrong foods or drinking too much alcohol are frequent triggers. The main cause is via infection, usually a virus, although diarrhoea occurring abroad may be caused by other organisms.

Even in this country, bacterial diarrhoeas occur – such as those caused by *Salmonella* or by *Escherichia Coli*, and these are generally more serious.

Travellers abroad can help themselves by careful attention to hygiene, particularly when visiting underdeveloped countries. They should also be advised to avoid fresh fruit or vegetables or to wash them carefully in bottled water, and they should stick to bottled water for drinking – and for making ice-cubes. It's easy to forget that these eventually melt down into whatever is being drunk!

For travellers living away from the main hotels, water-purifying tablets can be

used. The manufacturer's instructions must always be followed carefully.

Sufferers of acute diarrhoea may experience nausea and vomiting, abdominal cramps, headaches and raised temperature.

The recommended first-line treatment is a 24-hour fast: no food or drink for 24 hours, except for plenty of water and soft drinks. This allows the body to eliminate the cause and to recover. Food should then be reintroduced slowly, avoiding fatty or rich foods.

When loss of fluids and electrolytes is great, the sufferer is more likely to suffer headaches and tiredness. The old and the very young are particularly vulnerable.

The treatment of choice is with oral rehydration solution. Products available for over the counter sale include Diocalm Replenish, Dioralyte, Dioralyte Effervescent tablets, Electrolade, Enterocalm Replace, Rehidrat and Replavite. They contain salts of sodium and potassium along with glucose, which aids the absorption of sodium and water from the intestine.

Always ask customers if they are taking other regular medication and check with the pharmacist whether the diarrhoea products are suitable for use. Solutions must be made up very carefully according to the manufacturer's instructions, and can be drunk freely while the body recovers.

Solutions for very young children and babies should be prepared using freshly boiled and cooled drinking water. Normal feeding can continue as soon as fluid-loss has been corrected. Babies who are breast-fed can continue with breast feeds in between oral rehydration drinks.

Other over-the-counter medicines treat diarrhoea by slowing down movement in the gut, allowing more fluid to be absorbed from the stools, or by adsorbing some of the toxins produced by infective agents.

Loperamide is a useful medicine for short-term treatment for adults with acute, uncomplicated diarrhoea, and can be taken after 24 hours from the start of the symptoms. It is present in products including Arret, Diah-Limit, Diasorb, Diocalm Ultra,

Continued on P30 →

Entrocalm Loperamide capsules, Imodium and Normaloe.

Combination products containing an opiate derivative, such as very low-dose morphine, and adsorbents, such as attapulgite or kaolin, and/or antimuscarinic drugs, such as hyoscine (which slows down movement in the gut), include Diocalm Dual Action, Enterosan, Kaopectate and KLN suspension. But adsorbents are generally not recommended these days for acute diarrhoea.

Malaria

Mosquito bites in tropical countries can result in malaria infection which can be fatal. Anyone visiting malarial areas must use insect repellents, keep covered up – especially at dusk – and use mosquito nets at night. Preventive medicines must be taken during the holiday and continued for four weeks after coming home.

Malaria is caused by a mosquito-born parasite which enters a person's blood when a mosquito bites. The parasites become resistant to medicines after a while, so anti-malarial recommendations vary in different countries and may change from time to time. Anyone wanting specific advice should be referred to the pharmacist for up-to-date information.

The main anti-malaria medicines used are chloroquine (Nivaquine, Avloclor), proguanil (Paludrine) and mefloquine (Lariam). Chloroquine and proguanil are often used in combination and are available over the counter, either separately or together as a travel pack. Mefloquine is a newer drug, available only on prescription.

A detailed up-to-date chart of antimalarial recommendations for different parts of the world is published by the National Pharmaceutical Association every six months.

For complex itineraries, your pharmacist can telephone the NPA for appropriate advice. People going off the beaten track may need to carry medicines for treatment of malaria in case they become ill and cannot get to a hospital.

Pregnant women should avoid visiting malarial areas. People taking medicines for certain illnesses – such as

Checklist: the key holiday needs

- Paracetamol or other painkiller
- Insect repellent
- Hydrocortisone cream, crotamiton cream, antihistamine tablets, syrup for bites
- Oral rehydration sachets
- Loperamide capsules
- Sunscreen for skin and lips
- Travel sickness tablets or syrup
- Antimalaria tablets
- Indigestion remedies
- Water purifying tablets
- Travel kits (sterile needles and syringes etc) if travelling to remote places
- First aid dressings
- Antiseptic cream or spray
- Any regular medication
- Condoms

epilepsy – must also be very careful as some of the anti-malaria medicines will interact with their routine medication. Thus, it is very important to ask customers if they are taking any other medicines.

Holiday jabs

Travellers abroad should ensure they have been immunised well before departing. Some countries still require a certificate of evidence of Yellow Fever vaccination before allowing people in.

Apart from this – and a couple of other compulsory requirements for specific countries – most immunisations aren't compulsory, but make good sense. The most usual are polio, tetanus, and typhoid. Cholera vaccine is available, but does not guarantee cover and is rarely given these days.

There are various forms of hepatitis and immunisation is available for two forms of the disease, spread by different routes.

Hepatitis A is transmitted through infected food and water in areas of poor sanitation, so strict attention to hygiene is important: washing hands after visiting the loo, not drinking local water, avoiding fresh uncooked produce, and so on. Immunisation is provided either by gamma-globulin, which works quickly but only provides cover for a few months, or by vaccine, which takes longer to work but lasts longer.

Hepatitis B is transmitted through body fluids, so may spread through sexual contact or blood contact through use of non-sterile

injecting or surgical equipment. A vaccine is available, but is not usually provided for holidaymakers.

Preventive measures include the use of condoms for the sexually active; anyone engaged in a holiday romance must be sure to use condoms to reduce the risk of this, and other sexually transmitted diseases including HIV.

Travel kits are available, containing sterile syringes and needles and other equipment needed in an emergency, in areas where the efficiency of local hospital and other medical services may be dubious.

Customers may wish to buy copies of the Family Doctor book *Understanding Travel and Holiday Health*, which provides useful information on all aspects of travel health.

The checklist on this page includes suggestions for what travellers need to take with them to cover most health issues. But the most obvious point is that careful planning before leaving home will do the most to minimise potential health problems and ensure a happy holiday.



Actions

Now that you have updated your knowledge on travel health, it's time to put it into practice.

- When customers buy typical holiday medicines, ask where they are going and make sure they are buying appropriate products for the part of the world they are visiting
- Offer a travel medicine checklist
- For more adventurous travellers, point out the importance of taking an emergency kit if they are visiting areas where hospitals and medical services may be under-equipped

ESSENTIAL INFORMATION

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The rise and rise of rhinitis

Dr Amolak S Bansal, consultant in allergy and immunology in the Department of Immunology and Allergy at St Helier Hospital, Carshalton, Surrey, looks at how pollution is getting up the noses of more and more people

Hayfever, or more properly seasonal allergic rhinitis (SAR), is definitely on the increase in developed countries due to a combination of increased indoor and outdoor pollution.

People with SAR have a well documented reduction in their quality of life and in their performance at work. Additionally, continued inflammation within the nose can increase susceptibility to sinus infection.

Fortunately, advances in drug therapy now enable the rapid and safe treatment of most SAR sufferers with either single or combination therapy. While avoidance measures are rarely possible for SAR, desensitisation therapy offers an additional approach to patients with severe symptoms confined to one or two allergens.

Causes

SAR results from an abnormal production of allergen specific 'IgE' antibodies to a variety of grass, tree, weed and occasionally flower pollens. These cause mast cells within the nose to degranulate and release a variety of mediators which result in the four main types of nasal symptoms: itching, sneezing, discharge and blockage. Rarely, SAR can be due to a sensitivity to one or more moulds.

As spring appears to be coming earlier and summer stretches longer into autumn, some people with allergies to grass and tree pollens will find their SAR starts as early as February and continues well into late October. In some people, nasal symptoms may be present all year round because of a sensitivity to house dust mite and/or animal danders.

This means that these



individuals have perennial symptoms with seasonal exacerbation and they need to take avoidance measures, including proper dust mite-excluding mattress covers and exhaust filtered vacuum cleaners, which may provide

additional relief in the long term.

Where persistent nasal blockage, bleeding or significant crusting is a particular problem, rarer forms of rhinitis should also be considered. These

include granulomatous nasal inflammation, hypothyroidism or the use of blockers, aspirin or NSAIDs. Rarely, a nasal carcinoma may be the cause of persistent unilateral bleeding and blockage, so if a patient presents with unilateral bleeding you should refer them to their GP for further assessment.

Treatments

The treatment of SAR and perennial allergic rhinitis (PAR) has improved enormously over the last two decades. With modern drug therapy, most subjects can maintain full employment or schooling with few symptoms either from their allergy or its treatment.

For many people, treatment can start with one of the modern oral antihistamines such as acrivastine, loratadine, cetirizine, fexofenadine (Rx only), mizolastine (Rx only). Many of these are available OTC. Other treatments may offer once-daily treatment regimes and seem to have no important drug interactions.

Importantly, all the above produce little if any drowsiness and they are effective in alleviating both nasal and ocular symptoms. Any breakthrough nasal or ocular symptoms can be managed with a topical antihistamine such as azelastine nasal spray and azelastine ocular drops.

Nasal steroids

Where symptoms are not adequately controlled by a combination of oral and topical antihistamines, a topical nasal steroid may be used and may be added to this therapy. Before advising such therapy it is important to make sure that the patient does not have any active infection in the nose as indicated by pain and the presence of a thick green discharge.

Of the available topical nasal steroids, both beclomethasone and budesonide have some systemic effects. In contrast, fluticasone and mometasone appear to have little systemic absorption and yet retain their efficacy. All steroid preparations work by dampening the immune response and by preventing the mast cell release of highly active acute mediators. Apart from beclomethasone, all the preparations are only available on prescription.

Many of the newer preparations offer a once-daily formulation and start working within a few days of treatment. As nasal obstruction will prevent any preparation from reaching the desired nasal area, patients should be advised to make sure the nose is clear before using their medication. On some occasions a topical nasal vasoconstrictor may be necessary.

As many people are concerned that long-term nasal steroid use may cause them harm, reassure them that this is only rarely observed despite many years of regular use. However, intransal steroids should



only be recommended for OTC use in adults, and are limited to three months continuous use.

Other treatments

Other therapies that may be useful in SAR and PAR include sodium cromoglycate which requires four applications per day. As with all nasal preparations it can cause nasal irritation. However, it may be added to all the aforementioned treatments if symptoms are particularly severe and recalcitrant.

Finally, where marked running of the nose, or rhinorrhoea, is a significant problem, symptomatic relief can be provided by nasal ipratropium bromide. This is used twice or three times daily and works quite rapidly to dry up the nasal flow. It is, unfortunately only available on prescription.

Occasionally, if all topical treatments and oral antihistamines fail, the patient should be advised to see their doctor for further treatment. Where testing has confirmed allergy to one or

two allergens, desensitisation may be considered.

This is undertaken in several centres in the UK and involves the subcutaneous injection of highly purified allergen. In the initial phase, gradually increasing doses of allergen are injected at weekly intervals. This often lasts about ten to 12 weeks and is followed by monthly injections for three or more years.

Treated this way, two thirds or more of individuals with hayfever can expect at least some benefit.

Finally

Modern treatments for hayfever can alleviate the nasal and ocular symptoms of the vast majority of sufferers. A graded approach starting with oral and/or topical antihistamines may be followed by the addition of topical nasal steroids if the former is not fully effective.

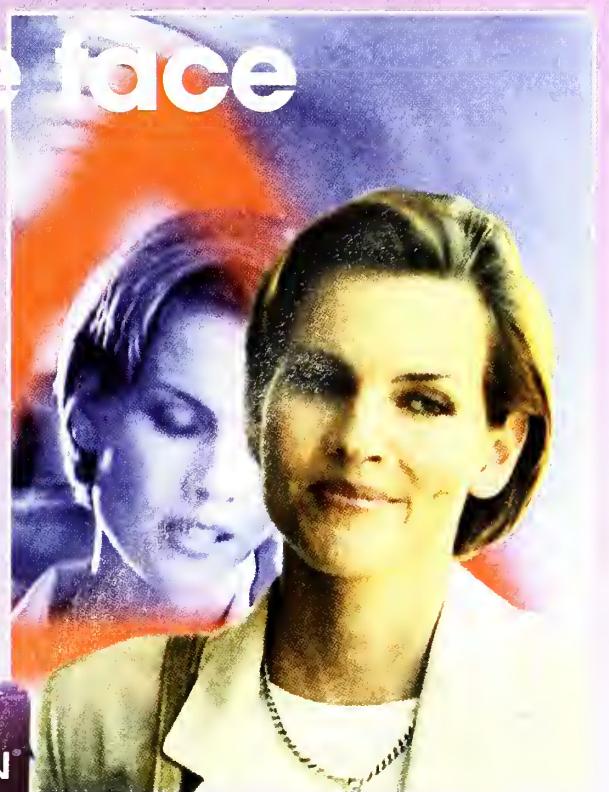
Additional measures include nasal sodium cromoglycate and ipratropium bromide. If symptoms are not satisfactorily controlled using these medications, oral steroids and desensitisation therapy may be considered by the patient's doctor.

Changing the face of migraine

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SANKYO PHARMA UK Limited

Date of preparation: March 2000.
PH2002T

Vitamin vital statistics

Vitamins are an essential part of staying healthy. However, their benefits, the amount we need, sources and even their names can cause confusion, especially as we need different amounts and different types of vitamins at different stages of our lives.

We only need vitamins in small amounts but too little can cause ill health, while too much of some can cause side effects.

In general, the body cannot manufacture vitamins so they must be obtained from food or taken in the form of supplements. **There are two categories of vitamins:**

Water soluble vitamins (C and B complex), found in fruit and vegetables. These are not stored in the body, so we need a regular supply. However, these vitamins are easily lost from foods over time or through processes such as cooking. Fruit and vegetables which are quickly frozen often contain more vitamins than fresh produce which has been stored.

Fat soluble vitamins (A, D, E and K) can be stored in the body.

In theory, we could get all the vitamins we need from our diet, but in practice, most of us would benefit from supplementing our vitamin intake.

VITAMIN A (retinol)

Vitamin A is needed for good night vision and strong teeth and bones. It also promotes healing, raises resistance to infection and acts as an antioxidant.

Convalescents may need Vitamin A to top up levels lost during a fever and teenage girls are often short of this vitamin.

Sources

Animal foods, particularly liver, kidney and also meat, oily fish, milk, eggs and butter. It is also present in yellow and orange coloured fruit and vegetables and in dark green vegetables such as spinach.

Recommended daily intake
Vitamin A is stored in the liver so a daily intake isn't necessary, but adults should have 800mcg through diet or supplements three or four times a



week. Children between seven and 15 need 600mcg.

Dangers

Vitamin A is toxic in large doses and an accumulation can lead to liver and bone damage. Pregnant women should avoid taking additional vitamin A or eating large amounts of liver as exceeding the recommended intake has been associated with birth defects.

VITAMINS B1 (Thiamine), B2 (Riboflavin) and Niacin

These work together to release energy from foods and aid digestion. Vitamin B1 also helps break down alcohol, while niacin maintains skin condition.

Alcoholics and anorexics may suffer from deficiency of vitamin B1.

Adolescent slimmers and those who eat little breakfast cereal, meat and milk may put themselves at risk of vitamin B2 deficiency and may suffer from skin disorders, especially in and around the mouth.

Women on the pill may also need to top up their reserves of vitamin B2 as synthetic hormones affect the absorption of this vitamin.

Sources

Fortified cereals, wheat and rice and also meat.

Vitamin B1 is also found in peas, beans, nuts, offal and pork, but up to three quarters is lost during processing. Other sources of vitamin B2 are dairy products, fish, asparagus, broccoli and spinach.

Recommended daily intake.

B1: 1.4mg

B2: 1.6mg

Niacin: 18mg

Dangers

Doubling the recommended dose of B1 can cause headaches, insomnia and skin problems.

VITAMIN B6 (pyridoxine)

Vitamin B6 is necessary for protein metabolism and the proper functioning of the nervous system and is essential for the production of serotonin.

It has been found helpful by some women to counteract the effects of pre-menstrual syndrome. Others have found higher levels useful against stress, nausea in pregnancy and to alleviate carpal tunnel syndrome.

Sources

Meat, especially poultry and offal, nuts, pulses, bread,

bananas, eggs and fish. **Recommended daily intake.** The recommended daily limit is 1.4mg, but common dosage is around 40-50mg.

Three years ago, there were proposals to restrict the free sale of products containing more than 10mg and allow the sale of higher levels only on the advice of a pharmacist. Further research has now ascertained that the safe upper limit is 200mg.

Dangers

Adverse effects have been found in people who take more than 500mg of B6 a day, with extreme dangers with doses above 1g.

VITAMIN B12

(cyanocobalamin)

Vitamin B12 is involved in the production of red blood cells, so it can guard against anaemia and is particularly important for pregnant women.

Sources

All animal products including dairy products. There are no plant sources, so strict vegans should take supplements or eat fortified foods.

Recommended daily intake.

B12: 1.5mcg

FOLATE (folic acid)

Folic acid is essential for the normal formation of all types of cells including red blood cells, but it is most important in the avoidance of spina bifida and other neural tube defects in the developing foetus. Eating a diet rich in folates and taking a folic acid supplement can reduce the incidence of these defects by 70 per cent.

Recent studies have also shown that folate benefits women by reducing the risk of coronary heart disease.

Sources

All fruit and vegetables, especially dark, green leafy vegetables, black-eyed beans, asparagus, granary bread, nuts and yeast extract. Potatoes, oranges and milk contain a moderate amount. Many breakfast cereals are fortified.

Vegetables should be freshly and lightly cooked to avoid losing folate.

Recommended daily intake.

Those at risk of heart disease should take 400mcg a day as well as a diet rich in folates. The same should be taken by any woman planning a

Aims

When you have read this feature, you should:

- Know the difference between fat soluble and water soluble vitamins
- Understand the role of each vitamin in maintaining health
- Know the best dietary food sources of the various vitamins
- Understand the danger signs of vitamin deficiency

pregnancy until the 12th week after conception. Women who have suffered a previous affected pregnancy should have a higher dose, prescribed by their doctor.

Dangers

Excessive intakes may affect the absorption of zinc. **VITAMIN C (ascorbic acid)** Vitamin C is an important antioxidant, protecting the body against damage caused by free radicals and increasing resistance to infections.

Athletes who take antioxidants before exercising find they perform better, for longer and recover from exhaustion more quickly.

Regular intake can reduce respiratory and heart disease in elderly people due to winter infections.

There has been much discussion about taking vitamin C to protect against colds. For most people, it won't prevent a cold, but large doses taken at the start of a cold may reduce its length and severity.

Children and those involved in heavy exercise seem to catch fewer colds if they take 500-1000mg a day.

Taking the recommended amount of vitamin C has a protective effect against strokes in the elderly and, in the long term, vitamin C will reduce the risk of cataracts.

Sources

Fruit and vegetables, especially raw red peppers, blackcurrants and citrus fruits.

Recommended daily intake

For most people 60mg is the recommended dose.

Smokers should increase this by at least 40 per cent, as should elderly people in winter. Pregnant women should take twice the recommended amount.

There is some debate over the optimum dose for colds, but given the possibility of side effects of large doses, 1g-2g at the start of a cold should be sufficient.

Dangers

Large doses of vitamin C can cause diarrhoea.

VITAMIN D (calciferol)

Vitamin D has an effect on the absorption of calcium and so is important for the growth and health of bones.

Sources

It is made in the skin by the action of the ultra violet rays in sunshine. Food sources include oily fish such as pilchards and sardines, eggs and fortified foods such as cereals.

Recommended daily intake

There are no recommended limits for this vitamin as normal exposure to sunlight is generally all that is needed to maintain sufficient levels.

Dangers

Deficiency is very rare, but sometimes occurs in people whose skin is rarely exposed to sunlight such as the elderly or some Asian women who cover up their body outside. Symptoms of deficiency are weak bones in adults and rickets in children.

VITAMIN E (tocopherol)

This is an antioxidant which supports the benefits of vitamins A and C. A build up of vitamin E helps our immune system, skin and heart. It can help reduce the symptoms of premenstrual tension and the hot flushes during the menopause.

Sources

Green, leafy plants. Wheat germ oil is an especially rich source and others are avocado, sunflower oil, muesli and wholemeal bread.

Vitamin E is destroyed by freezing or processing and should be taken at a different time from iron supplements as these can affect absorption. It is best taken with a meal.

Recommended daily intake

Generally 10mg a day, but to avoid hot flushes menopausal women may need up to 1000 mg.

VITAMIN K (phylloquinone, menaquinone, menadione)

All forms of vitamin K are involved in blood clotting.

Sources

Dark green leafy vegetables. Some bacteria in the gut make vitamin K, which is then released into the bloodstream.

Recommended reading

Understanding food and nutrition, by Dr Joan Webster-Gandy. The British Medical Association Family Doctor series, £2.49. This book contains an easy to read guide to vitamins and other aspects of nutrition.

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Date of preparation: March 2000 MRL2002

FUZZY logic

It can look great on your head, but summer beach bodies don't want it anywhere else. **Anne Mullee's** guide to getting rid of unwanted hair will help you advise customers on the best options for them.

As spring gives way to summer, you could be well on your way to a beautiful body. That is, if (unlike most of us) you've actually stuck to your New Year's resolution to get fit, eat five portions of fruit and vegetables a day and drink plenty of water.

You should be brimming with health and looking forward to baring your toned, svelte limbs on the beach. But until you decide to tackle body hair, you may be looking a little too peach-like for comfort.

Depilate or epilate?

Confusion between the terms depilation and epilation is commonplace, but both simply mean hair removal.

Depilation generally refers to methods of temporary hair removal such as depilatory creams and shaving – still the most popular method in the UK.

Epilation describes the permanent removal of hair, which can be achieved through a variety of methods, including electrolysis or laser treatment. It also includes methods that give a greater period of time before regrowth occurs, such as waxing, threading or sugaring.

If you choose to depilate, there are many systems you can use at home. But most epilation remains in the hands of the trained, qualified professional.

Depilatory creams

The magical application of depilatory creams and lotions – apply, leave for a few designated minutes, then wipe cream and hair away – is achieved by weakening the hair follicle. Hair is made from the protein keratin, which reacts to the alkaline-reducing agents contained in depilatory creams by becoming swollen and soft.

When wiped away, the hair is dislodged at its base – the follicle – or broken off beneath the surface of the skin. Results can last for up to a week depending on the quality of the hair; coarse hair tends to reappear more quickly.

Depilatory creams, lotions or gels can be formulated for use on legs, underarms, and bikini lines or facial hair – but may not suit sufferers of sensitive skin, psoriasis or eczema.

Try:

- Nair Brush On (50ml, £4.99) with green tea for facial hair

- Immac Sensitive Underarm Stick (£4.99), applies like a deodorant
- Louis Marcel Bikini Smooth (2 x 50ml, £6.79), delicately formulated for sensitive areas
- Nair 3-in1 Gel (100ml, £4.49), smooth on and rinse off in the shower.

Waxing

This is the choice of many for all body areas – face, underarms, bikini line and legs.

The expert touch

Salons use hot or cold wax methods to de-fuzz their clients. With hot waxing, the wax – usually beeswax – is heated to just above melting point before being applied to the skin with a spatula. The therapist applies a strip of muslin to the waxed area, then whisks the strip away to pull out hairs by the roots.

Hot waxing can achieve long-lasting results – three to four weeks – because the warm wax encourages pores to open, ensuring the hairs can be removed easily; great for legs, underarms and bikini lines. A good beauty therapist will also make sure no stray hairs escape by tweezing away any rogue spikes.

With cold waxing the solution used is also a heated wax, but it tends to be blended with an anti-inflammatory ingredient to make the process more gentle. Also, the hairs may not be removed by the root, but rather broken just beneath the skin, leading to re-growth after two to three weeks.

Waxing at home

Home waxing can be a messy, inexact business, but there are plenty of pre-prepared depilatories which can be very effective – with practice. But waxing is painful, so many therapists advise taking an anti-inflammatory painkiller like ibuprofen half an hour beforehand.

Wax strips are ready-to-go cellophane strips with a layer of wax solution. Simply remove the protective layer, apply to the required area and smooth down firmly. Then whisk away, removing the strip against the direction of hair growth. Other home-wax methods remove the need for a strip by allowing you to apply wax with a roller.

Try:

- Louis Marcel Facial Strip Wax (£3.49), ideal for that unbecoming moustache

- Smooth Appeal Leg Wax Strips (£4.35), for fuzz-free 'pins'
- Immac Perfect Wax Roll-On (£6.49), an ingenious wax roller that requires no strips of muslin; just whisk the wax away.

Shaving

Shaving is quick, effective and very popular for removing underarm or leg hair. Although an overwhelming seven out of ten UK women choose shaving as their preferred hair removal method, more than half admit to using a razor that's not up to the job – that is, one that belongs to husband, boyfriend or even dad.

If you shave, invest in your own razor, and don't skimp – a good razor will give a closer shave. Many of the major manufacturers, including Gillette and Bic, offer razors designed for women.

When preparing the skin for wet shaving, take a tip from the boys. A good, moisturising shave cream or gel will help give you a closer shave, and you can reap the benefit of the moisture boost.

Look out for:

- Satin Care Moisture Rich Shave Gels (200ml, £3.49), won't dry the skin
- Tend Skin (4oz, £12), soothes razor burn and bumps
- Philips Ladyshave Skin Comfort (two models, £29.99 and £39.99), automatically applies Nivea Body Lotion during shaving
- The Wilkinson Sword Lady Protector+ (£4.99), with an aloe vera strip to help the twin blades glide easily.

Sugaring and threading

Originating in the Middle East, sugaring and threading are two ancient methods of hair removal which were traditionally used to prepare a bride-to-be for marriage.

Sugaring uses a paste made from melted sugar, water and lemon juice which is used like wax or rolled into a ball and rubbed over the skin to remove fine hairs. Sugaring is said to be less painful than waxing, as the paste adheres to the hairs rather than the skin.

Threading needs an expert practitioner, who will use threads wound around her fingers to tweeze hairs away by whisking the threads over the skin. Try beauty salons in the Asian community for experienced



Some products are specifically designed for facial hair

sugaring or threading therapists.

Electrolysis

Extremely effective, electrolysis offers the permanent removal of hair. However, numerous treatments may be needed, as the hair will only die during one of its three phases of growth.

The traditional principal methods are either short-wave diathermy heat, which cauterises the hair root, or the more familiar method where a needle is used in conjunction with a chemical to kill the hair follicle.

Recent developments include laser electrolysis, which allows a larger area to be treated during a session, thus reducing the number of treatments needed.

There are alternatives to the needle method, for those wary of pinpricks. Transdermal electrolysis uses electrode pads, which are coated with a heat transfer gel and affixed to the skin – again allowing larger areas to be treated.

Contact:

The Electrolysis Centre (0121 500 5066), Lasercare Clinics, The London Medical Centre (020 7224 0988), Liquid Transdermal Electrolysis (for appointed salons, call 0118 932 0650).

Epilating at home

Epilators have a reputation for being painful, but they do offer smooth results for about six weeks and manufacturers are taking steps to make them more comfortable to use.

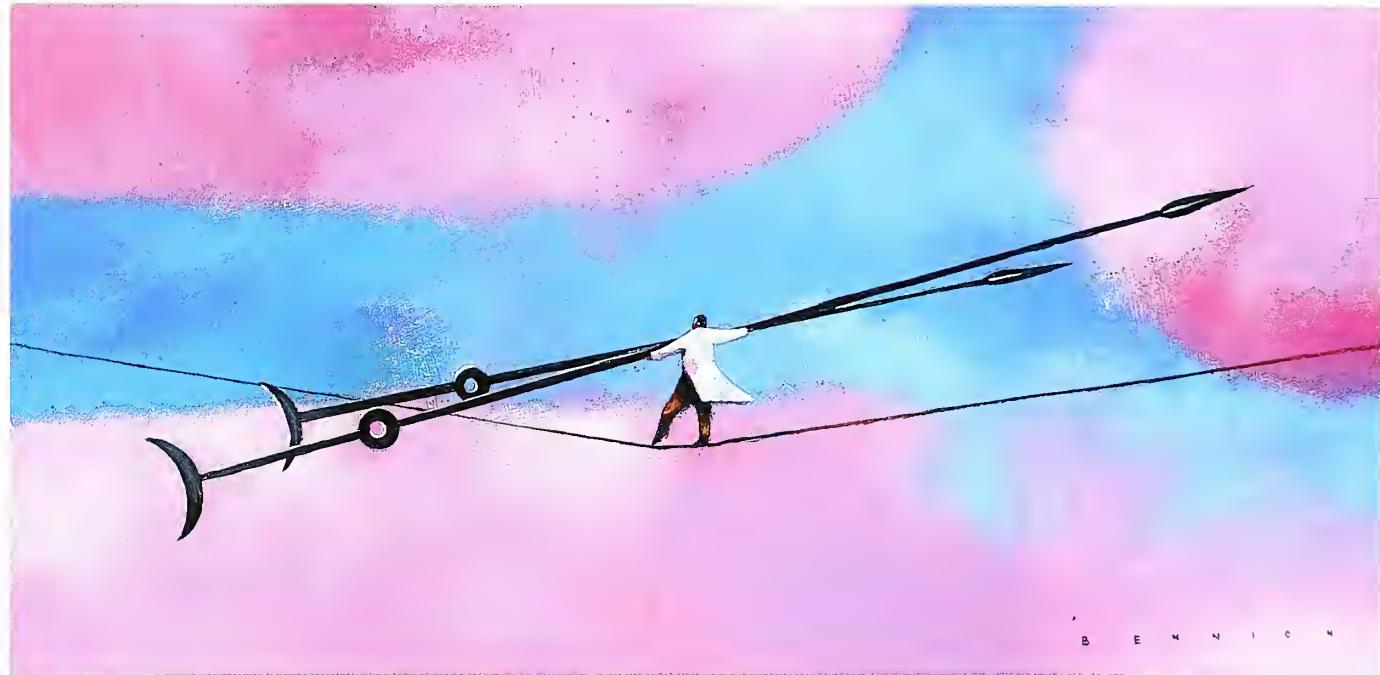
They work by trapping the hairs between their rotating discs and pulling them out by the roots.

Look for:

- Braun's relaunched Silk-epil range, including the two-speed Silk-epil (£34.99), three-speed Silk-epil Leg-epilator (£39.99) and Silk-epil Bodysystem, with epilator and shaver head (£49.99).
- Philips new Satin-Ice (£54.99), which uses ice to make the epilation process less painful.

Making the most of your time

Do you find that there are simply not enough hours in the day to get everything done? If so, you probably need a few tips on managing your time, says training consultant Diane Bailey



BEN NICHOL

Twenty four hours, 1,440 minutes, 86,400 seconds – we all have the same amount of time each day. How we use it depends on our lifestyle and personal preferences.

One thing is clear, however, some people seem much better than others at using time well. These are the people who, without much fuss, achieve a lot and still have time to tackle new challenges, take on new activities and still have time to enjoy themselves.

Others are always rushing around, leaving things undone and constantly chasing their tails, while irritating or letting down others by promises unkept, achievements not reached and time apparently wasted.

Do you manage your time to best effect, or are you at the mercy of your own disorganisation?

Conflicting demands
Time management is about making the best use of your time so you can fit in everything, or as much as

possible of what you have to do and what you would like to do.

Demands on our time can come from:

- family and home life
- friends and socialising
- hobbies and other things we enjoy doing
- work and its requirements
- unexpected problems and demands
- need for time on our own to think, relax or plan
- sleep, rest and recovery.

Try dividing your time in these three ways:

- personal time
- work time
- sleep time.

Personal approaches

We all handle these divisions differently. But whatever your personal preferences, life is getting busier and fuller for almost all of us, with a growing number of demands pulling us in different directions.

Knowing how we want to spend our time and how we actually spend it is a good start towards managing time effectively.

For most of us, life is a question of balancing the many conflicting demands on our time. This takes planning. A good place to start is to decide the relative importance of the demands on your time. Everything will divide into one of three categories:

- must do's
- should do's
- could do's.

'Must do's' are things which have to be done, either to achieve what is necessary at work or to enable you to enjoy your family or social life. These are your first priorities.

Getting enough sleep may seem boring, but it is a 'must do'. Without it you will not be energetic enough to enjoy your social and family life, or be clear thinking enough at work. 'Must do's' in the pharmacy include dealing with customers, keeping good stock records, watching security, making the shop area look good and learning the computer and other systems.

The 'should do's' are your

second priority. They are important and if not done will have an adverse result on work or social life.

In the pharmacy, 'should do's' will include keeping abreast of product development, planning your personal learning and development, supporting your team, helping individuals when they need it, and 'housekeeping'.

'Could do's' are things which can be nice to do, but are not crucial. They may include such areas as changing displays more frequently, observing other people at work, special projects, dealing with unexpected interruptions.

Try noting down all the tasks you carry out in a week. When you have completed the list, mark each item with an 'M' (must), and 'S' (should) or a 'C' (could). Ask yourself: "Do the 'musts' and 'shoulds' always get done?" Are they the main focus of your attention, or do they get

Continued on P40 →

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Cuprofen

IBUPROFEN TABLETS

pushed to the side by the 'coulds' – particularly those you most enjoy?

Questions to ask include:
"Where must I, or should I, spend my time?"

"What are my main time wasters?"

"What can I do to get more out of my time?"

Once you are clear about where your time should be spent at work, it can be useful to ask: "When is my best time?" Research on office productivity shows that most people reach their peak of productivity and effectiveness at about 11am to midday, with a lull in the early afternoon, which picks up again at about 3pm.

You will know whether you fit that pattern. Where possible, schedule the most necessary and demanding tasks for your best periods, saving the others for less productive times.

Try to become more time conscious. Wear a watch and ask for a clock to be visible in the pharmacy.

Set yourself targets of when to get particular tasks done, promising yourself a reward, such as a cup of tea when you've finished an important job.

Time-conscious people manage time and use it to do what they want or need to do.

Timewasters

Timewasters may be external or internal, eating into our time and affecting the way we use it.

Internal timewasters
'Internal' timewasters include:

- lack of self-discipline
- absence of priorities
- taking on too much and spreading yourself too thinly
- thinking "I can't do it"
- poor planning.

Time goes quickly at the best of times. If you have no plans and no idea how you intend to use your time, it will go by just as quickly – but you will achieve very little, or you will have to let it eat into your own time in the evenings or at weekends.

Making plans and writing lists of things to do helps you set priorities, manage time and achieve work targets without these things spilling over into personal time.

Priority problems

Failing to define your short and medium term priorities means you may be filling your time, but still not achieving what you need to. Knowing your priorities and the order in which tasks

should be tackled also helps you plan the appropriate work for those times when you know you'll be at your brightest.

If you have a list of small jobs and tasks it is much easier to get them done by checking your list every time you have a few minutes to spare. There is great satisfaction in ticking things off as you do them and seeing the list get shorter.

Doing too much

Taking on too much can be a timewaster. Not having enough time to do things well often means repeating things, having to start over again or spending time putting right errors and mistakes. Learning to be assertive and saying "no" occasionally lets you do what you do well.

Lack of confidence

If you lack confidence you will put things off and this wastes time, attacks your confidence further and makes other people see you as ineffectual and unable to organise yourself or keep your promises.

If you find yourself procrastinating, think about the task facing you and write down what you are unsure about and where to find out more information. Make a shopping list of information needed, then break the task down into smaller tasks or activities. Give these tasks priorities and, if possible, put them in order. Note the ones you can manage and make a plan showing when you intend to:

- find out what you need to know
- carry out the achievable tasks
- review progress.

When you've done this, get started. Once you have begun nothing seems so difficult and you will make progress and feel better.

External timewasters

These are the factors generated by other people or circumstances and can run away with your time if they are not managed. They include:

- unplanned interruptions
- unorganised meetings
- paperwork
- poor communication
- poorly timed, or too much, socialising.

Interruptions

Interruptions break your concentration, double the time needed to complete a task and can put you off balance. Some interruptions can be managed. For example, sales representatives can be asked to come on specific

days. Others come from colleagues and even your boss.

Look at each interruption and consider whether you should deal with it immediately or whether it can be deferred.

If the interruption is important, or concerned with customer service, you will have to deal with it at once. Do so, but use no more time than is necessary. If, in your opinion, the interruption is not important or can wait, be assertive. Explain to the person concerned that you are busy, but will talk to them later – and arrange a specific time to do so.

You don't want a reputation for being unhelpful, but if people realise you are serious about managing your time, they won't be offended if you ask them to come back later.

Unorganised meetings

If you have to attend meetings, you might want to think carefully about how these can be managed so that they are effective and not time-wasting.

Every meeting should have a reason and an expected output and it can be a good idea to put a time limit on a meeting.

Make sure also that there is a point to your attendance and don't attend unless there is a real reason to do so.

It may be enough for one person to attend a meeting and pass on the important points to colleagues during normal work.

Excessive paperwork

We all seem to get more and more paper at home as well as at work. Do you keep too many papers – and for too long?

Two good rules are:

- do it right first time
- only handle each piece of paper once.

Getting it right first time saves time needed for corrections and re-working, so make sure you – and everyone else – understands all forms and paperwork used at work. If necessary, check with somebody else before going ahead with a form, a letter, or an order.

Handling every piece of paper only once is a very useful idea. If junk mail is just that, scan it and bin it – don't put it in a pile to come back to later. You'll be surprised how much time you can save by following these two basic rules.

Poor communication

Many problems, mistakes, misunderstandings and failures result from the lack

of communication or poor communication. At a very simple level, carelessly taken phone messages can waste time and cause huge frustration. Try not to take it for granted that people share your knowledge and interest levels – and don't assume that they can read your mind.

Also, don't presume that people read memos, they often don't. Do your best not to cause confusion for your colleagues; encourage them to offer you the same consideration.

If you are not clear about what people mean or expect of you, ask for clarification. Listen carefully and check constantly to prevent time wasting, misunderstandings and mistakes.

Socialising

Apart from needing money, one of our main reasons for working is to socialise and meet other people.

A certain amount of socialising is normal and good, but too much, or wrongly-timed, it can be a real nuisance. Are you chatting with people so you don't have to start on your top priority, or because you haven't listed all those little chores which so easily get overlooked? Talking with colleagues is a good way of keeping up-to-date, but purposeless chatting runs away with precious time.

In conclusion

Managing your time and knowing how you can best use it is a way to be effective and efficient. It is also a major way to make sure that you have time to do the things you need and want to do – even if that is total relaxation with no expenditure of effort!



Test your knowledge

Everyone in the healthcare team needs continually to review and add to their knowledge. You have done this by reading the informative and educational articles in this issue of Over the Counter. Now test your increased understanding by self-testing with these simple questions

SUN PREPARATIONS

1. Malignant melanoma is 10 to 12 times more likely to occur in:

- a) Afro-Caribbean people
- b) Asian people
- c) White-skinned races

2. How does using clothing, shade and sun avoidance compare with just using a high SPF sunscreen?

- a) Just as effective
- b) More effective
- c) The same

3. How many new cases of skin cancer

are there in the UK each year?

- a) 5,000
- b) 50,000
- c) 500,000

4. Around 2,000 people in the UK die from malignant melanoma each year. In the last 20 years this figure has:

- a) Doubled
- b) Trebled
- c) Remained the same

5. It is important to use enough sunscreen. One application for an

adult should average:

- a) 5ml
- b) 35ml
- c) 75ml

If you're not sure about the answers to one or two questions, turn back to page 24 for our feature on sun preparations.



VITAMINS

Check back to page 34 if you need a reminder before answering any of the following questions

1. Vitamin A is stored in the body in the:

- a) Brain
- b) Liver
- c) Pancreas

2. Vitamin B12 is found in:

- a) Green vegetables
- b) Fruit
- c) Animal products

3. Folic acid is especially important for:

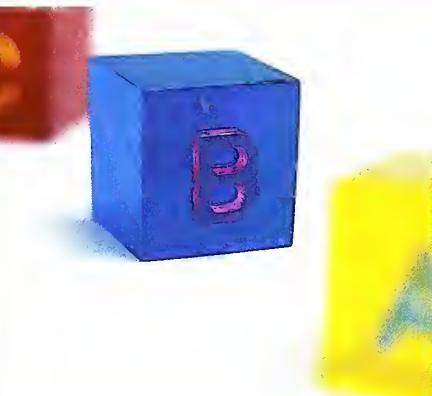
- a) Women planning and in the early stages of pregnancy
- b) Elderly people
- c) Athletes

4. One of the richest sources of Vitamin C is:

- a) Meat
- b) Fish
- c) Fruit and vegetables

5. Vitamin E works to support the benefits of:

- a) Vitamin B
- b) Vitamins A and C
- c) Vitamin K



HOLIDAY HEALTH

1. Jetlag can be made worse by:

- a) Exercise
- b) Drinking coffee and alcohol
- c) Drinking water



2. Which of the following is *not* a cause of holiday diarrhoea?

- a) Over-indulgence in alcohol
- b) Eating contaminated food

c) Drinking bottled water

3. The first-line treatment for acute diarrhoea includes:

- a) A 24-hour fast with plenty of bottled water and soft drinks
- b) Drinking alcohol
- c) A meal containing plenty of rich or fatty foods

4. People at particular risk of acute diarrhoea are:

- a) The very young and the very old

- b) Teenagers
- c) Mothers

5. Which of the following is *not* part of the advice for people visiting malarial areas?

- a) Use insect repellents
- b) Drink plenty of fluids
- c) Keep covered up at dusk and use mosquito nets at night

Check your answers by referring to our feature on travel health on page 28.



Like the seasons, life continues to change in our pharmacy. Sadly, it is the end of an era for one of our pharmacy assistants who is retiring after 20 years service at our shop. She has been there so long that she is just like part of the furniture; all the regular customers know her and she knows them and their families, some of whom span three generations.

Three owners have benefited from all her hard work. She has worked with hundreds of pharmacists and helped to train many pharmacy assistants. She remembers the days when items like Epsom Salts had to be weighed out and put into brown paper bags for sale over the counter. Washing returned medicine bottles was another task she had to

undertake. I hope she will be very happy in her retirement, but it makes me sad to think that all her valuable experience and knowledge is going with her.

Recently, I asked our pharmacist to have a word with a customer who had been buying kaolin and morphine on a very regular basis. The customer said it was for a friend who was having problems with diarrhoea, so our pharmacist suggested that the friend should see his doctor. We haven't seen the customer since, which is often the case.

We never really know what happens to these people, whether they take our advice or change their patronage to another pharmacy or several other pharmacies.

A recent article in a national newspaper highlighted the problem when it reported the case of a famous actor who almost died because he became addicted to a very popular over the counter painkiller.

There are no official statistics for people who are addicted to these medicines, or who just misuse them as can be the case with laxatives, but one estimate is that the number could be as high as 35,000 throughout the UK.

Apparently, the lengths some of these people go in order to obtain these medicines is amazing. Some have been known to travel vast distances to purchase supplies, while others have used various disguises so as not to be recognised.

Isn't this a sad state of affairs?

As pharmacy assistants we have a big role to play in this area since we are often the only people who can monitor the purchasing habits of customers. Mind you, we do it all the time without realising it, don't we?

Recipe



Seafood Filled Mushrooms

To help us reach the recommended five portions of fruit and vegetables per day, the Fresh Fruit & Vegetable Information Bureau has created this tasty recipe which serves four as a main course or six as a starter or barbecue dish.

Ingredients

12 medium to large open mushrooms
15g/½oz butter
One stick of celery, finely chopped
4 tbs red pepper, finely chopped
1 tsp curry powder
125g/4oz peeled prawns, chopped
200g/7oz can pink salmon, drained and flaked
2 tbs mayonnaise
125g/4oz low fat soft cheese
salt and freshly ground pepper

Method

Trim the stalks from the mushrooms and chop them, then put into a pan with the butter, celery and peppers. Cook for a few minutes until the mushroom is softened, then stir in the curry powder. Turn into a bowl and add the rest of the ingredients. Spoon into the mushroom cups and cook on a prepared barbecue for 8-10 minutes or in a moderately hot oven at 190 deg C/375 deg F/Gas Mark 5 for 15-20 minutes until the mushrooms are tender.

- The winner will be presented with holiday vouchers worth £1,500, a certificate and a trophy
- The first runner-up will receive holiday vouchers worth £500, a certificate and a trophy
- The second runner-up will receive £250, a certificate and a trophy

The remaining three finalists will be presented with a trophy and a certificate

Second fold

How to enter

Simply answer the 20 questions on the previous page, which are based on the MCA syllabus, and answer our tie-breaker. Fill in your name, and the name, address and telephone number of your pharmacy where shown. Get your pharmacist to countersign the form, then fold it up and post it – no stamp is required.

Remember closing date for entries is August 31.

A day to remember

Six finalists will be selected from the correct entries and invited to a hotel in central London for the grand final on Friday, November 24. You can bring a partner or friend with you for moral support and we will pay all your travel costs, so don't let distance from London put you off entering.

Each finalist will have three minutes to answer a series of questions based on the Royal Pharmaceutical Society's medicines counter assistants syllabus. The aim is to correctly answer the maximum number of questions in the set time. If you do not know the answer you can simply pass on that question and move on to the next.

The question round will be followed by an awards ceremony and lunch.

Why Caltrate Plus is involved with the Pharmacy Assistant Challenge

Whitehall Laboratories have always supported community pharmacy and recognise the importance of the counter staff in the provision of help and advice. When launching new products it is essential that the right information is provided to those who will be most influential in a customer's buying decision. Our support of the Pharmacy Assistants Challenge through Caltrate Plus is our way of showing our appreciation to you, the counter assistant, for your support in making the launch of Caltrate Plus a successful one.

We wish you the best of luck in the Challenge and look forward to seeing you at the final.

BUSINESS REPLY SERVICE
Licence No TN36

un Miller Freeman

Mary Prebble – Administrator

Pharmacy Editorial Projects

Pharmacy Assistant Challenge

Over the Counter Magazine

Miller Freeman UK Ltd, Sovereign Way

Tonbridge KENT TN9 1BR

Third fold and tuck in

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stronger for longer**



Accept the challenge for a holiday of a lifetime

Show what you know and win a £1,500 holiday. Take the Pharmacy Assistant Challenge. Over the Counter, in association with **Caltrate Plus***, challenges you, the pharmacy assistant, to test your knowledge and win a holiday of a lifetime

Over the past five years the role of the pharmacy assistant has changed dramatically, particularly in relation to what you are required to know to carry out your job. Training

requirements for medicines counter assistants (MCAs), introduced by the Royal Pharmaceutical Society in 1995, led to the introduction of accredited training courses such as the C&D/Whitehall

Laboratories Cambridge Counterpart training course for pharmacy assistants and the NPA's Interact. However, as we all know, training is a continuous process of learning and not done and dusted once there's a certificate on the wall.

Now OTC and Caltrate Plus are offering you the opportunity to show us what you know. You could win a top prize of £1,500 of holiday vouchers, or runners-up prizes of £500 or £250.

*Trade mark

How to enter the Pharmacy Assistant Challenge

- Simply answer the 20 questions below, which are based on the Royal Pharmaceutical Society's counter assistants syllabus, and complete our tie-breaker. Fill in your name and your pharmacy's name, address and telephone number on the coupon below. Get your pharmacist to countersign the form, then fold it up and post it – no stamp required. Yes, it's that easy!
- Remember the closing date for entries is August 31.
- To complete your entry, simply tick either the 'True' or 'False' box for each of the 20 questions and, in block capitals, complete the tie breaker. Fill in your personal details, and detach and fold this form as shown to reveal the Freepost address and send it on its way. Additional forms from Whitehall representatives.
- After completing the entry form below, turn over for more details of the final and what you can win.
- If you haven't completed an MCA course and want to know more about what is included in the RPSGB's syllabus, then ring Mary Prebble on 01732 377269. She will send you an application form for a set of C&D's Cambridge Counterpart course modules (or you can contact another course supplier).

The Questions

Tick either the 'True' or 'False' box for each question

- Some cough and cold remedies contain paracetamol YES NO
- Domperidone is an antacid YES NO
- Pholcodine is a cough suppressant YES NO
- Promethazine is an antihistamine YES NO
- Ranitidine must be sold under pharmacist supervision if it is for the prevention of heartburn caused by meals YES NO
- Constipation and diarrhoea can both be symptoms of irritable bowel syndrome YES NO
- Babies under three months old with diarrhoea should always be referred to a doctor YES NO
- Loperamide is the best diarrhoea treatment for a child of 5 YES NO
- Hyoscine acts more quickly than cinarnizine in travel sickness YES NO
- Malaria can be prevented by vaccination YES NO
- Haemorrhoids are often caused by constipation YES NO
- You could sell ibuprofen to a 60 year old man who gets chest pain when he walks uphill YES NO
- Headlice scare in the area YES NO
- Rosacea is a reddening of the skin, usually on the face YES NO
- Mothers should always stop breastfeeding if they want to go back to work YES NO
- Babies should be put on low fat, high fibre diets as soon as they can eat solids YES NO
- Cradle cap appears as dry yellow or white scales on a baby's head YES NO
- Antibiotics can cause thrush YES NO

Answer the following question in no more than 30 words: 'What is the PLUS in Caltrate Plus?'

Your details – complete in BLOCK CAPITALS

Your name.....
Pharmacy name.....
Address.....
.....
Postcode..... Tel no (daytime).....
Pharmacy manager's name.....
Signature.....

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OTC

Rules 1. Each entrant must be a pharmacy assistant. This must be confirmed by the pharmacist on the entry form. Entry is open to pharmacy assistants in the UK. 2. The finalists will be the six entrants registering the highest score on the entry form, chosen on the basis of two from each of the following regions: Northern England, Scotland and Northern Ireland; Midlands and Wales; and South of England. We will pay your travel expenses and the travel expenses of your companion from anywhere in the UK. 3. If three or more entrants in a region tie, the judges will select the two finalists on the basis of the tiebreaker. The judges will comprise the editor of C&D, the OTC supplement co-ordinator and the Caltrate Plus brand manager. 4. The judges' decision is final and no correspondence will be entered into. Finalists will be notified of their success by September 29, 2000. 5. In the last round the adjudicator's decision on any answer will be final. In the event of a tie, the finalist with the fewest passes will win. If there is still a tie, each of the two finalists will face another five questions with the above rules in force. 6. The results of the final on November 24 will be published in OTC January 2001. 7. The prizes are as stated overleaf under 'What you can win'. 8. Additional entry forms are available from Chris Hughes at Whitehall Laboratories (tel: 01628 669011) and from Whitehall sales representatives. 9. The closing date for entries is August 31, 2000. 10. Chemist & Druggist retains the right to publish pictures and details of the winners. 11. Copies of the knowledge requirements and formulary specified by the RPSGB are available on request from Mary Prebble at OTC (tel: 01732 377269).





AN ANTI-AGEING SYSTEM FOR BONES?

Nothing can hold back the hands of time. When you consider that, from around the menopause, 1 in 3 women will suffer from significant loss of bone density, maintaining bone health is crucial. This loss isn't necessarily hereditary either. Other factors include lifestyle, poor diet and lack of dairy products, a traditional source of calcium. However, in order for our bones to effectively absorb and use calcium, they also need certain additional nutrients.

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